

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 5501

BIRTH NO. 5501

1. NAME OF DECEASED (Type or Print) <u>Frederick Bladden</u>		2. DATE OF DEATH <u>June 12, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Dist 2</u>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>St. Mary's County</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Lexington Park</u>	
D. STREET ADDRESS (If rural, give location)			

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>July 10, 1903</u>	9. AGE (In years last birthday) <u>48</u>	10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>George Bladden</u>				14. MOTHER'S MAIDEN NAME <u>Lettie Hough</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>			

18. 201X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Panhematocytopenia
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hodgkin's Disease
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-29, 1952 to 6-12, 1952 that I last saw the deceased alive on 6-12, 1952, and that death occurred at 2:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE <u>Norman E. Shaver</u> M.D.	23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>	23C. DATE SIGNED <u>6-12-52</u>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>6-16-52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Holy Face Cem</u>	24D. LOCATION (City, town, or county) (State) <u>Catonsville Co. Md.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 13 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>	25. FUNERAL DIRECTOR <u>Plus B Robinson</u> ADDRESS <u>Leonard Lacon, Md</u>

0520405490

Leonard Lacon, Md

MEDICAL CERTIFICATION

THE STATE OF TEXAS
COUNTY OF DALLAS

DATE OF DEATH

530
52 5502BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5502

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JACOB HENRY SMITH		2. DATE OF DEATH 6/1/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. Md.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Jenkins Memorial		C. CITY OR TOWN (If outside corporate limits, write M.C.R.A. and give township) Balto. City.	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) Jenkins Memorial	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 24
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Builder		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 77
13. FATHER'S NAME George S. Smith		11. BIRTHPLACE (State or foreign country) Baltimore	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Mary J. Barranger	
17. INFORMANT Mrs. John J. Kelly Jr.		ADDRESS 309 Dundalk Rd.	

18. 199.9 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinomatosis	CAUSE OF DEATH (A) Carcinomatosis DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis	(B) Arteriosclerosis DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C)	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7/16 , 19 52 , to 6/12 , 19 52 , that I last saw the deceased alive on 6/12 , 19 52 , and that death occurred at 4:45 AM. , from the causes and on the date stated above.					
23A. SIGNATURE Leo N. Sey Jr.		23B. ADDRESS St. Agnes Hosp.		23C. DATE SIGNED 6/1/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/14/1952		24C. NAME OF CEMETERY OR CREMATORY Ormid Ridge	
24D. LOCATION (City, town, or county) (State) Pikesville, Balto. Co. Md.		24E. FUNERAL DIRECTOR Huntington Williams, Mortuary		24F. ADDRESS Flynn & Fleming 1426 Light St.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 13 1952		VS 150			

STATE OF TEXAS
COUNTY OF DALLAS

BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, 19____.

Notary Public in and for the State of Texas

My commission expires this _____ day of _____, 19____.

300
52 5503

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5503
Registered No.

1. NAME OF DECEASED (Type or Print) Carrie Scott		2. DATE OF DEATH June 11, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 501 Ogston St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 501 Ogston St.	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 9, 1876
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 76
13. FATHER'S NAME Unknown		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Unknown	
17. INFORMANT Mr. Avon Scott 736 Dolphin St.		ADDRESS	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertension C.V. Disease DUE TO CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH 18 mos.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan. 1951 , to June 11, 1952 ; that I last saw the deceased alive on June 11, 1952 , and that death occurred at 8:45 m., from the causes and on the date stated above.					
23A. SIGNATURE Stanford P. Henderson M. D.		23B. ADDRESS 2309 Duval Hill		23C. DATE SIGNED 6-13-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-14-52		24C. NAME OF CEMETERY OR CREMATORY Arbutus Mem. Park	
24D. LOCATION (City, town, or county) (State) Baltimore Co., Md.		25. FUNERAL DIRECTOR Huntington Williams, M.D. 578 W. Biddle St.			
DATE RECEIVED BY LOCAL REGISTRAR JUN 14 1952		VS 150			

CODE

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HYALINE STAINING

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5504**

455
5504

1. NAME OF DECEASED (Type or Print) GROVER CLEVELAND ALMOND			2. DATE OF DEATH June 12, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hospital			C. CITY OR TOWN (If outside corporate limits, write rural and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2920 Waterview Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH About 1900	9. AGE (In years last birthday) About 52	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sawmill operator			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Virginia			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Cruchatt Almond			14. MOTHER'S MAIDEN NAME Janie Power		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Unknown			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs Daisy Almond, Lynchburg, Va.			ADDRESS		

18. 581.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fatty liver (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>Stanley H. Dureach</i> M.D.		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED June 13, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 6/14/52	24C. NAME OF CEMETERY OR CREMATORY Amhurst	24D. LOCATION (City, town, or county) Ba Amhurst	(State) Ba	
DATE RECEIVED BY LOCAL REGISTRAR JUN 14 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>McKee, 1214 St Paul</i>	

MEDICAL CERTIFICATION

11-22-52

RECEIVED BY THE DIRECTOR OF THE
BUREAU OF THE ARMY

7-5
11-22-52

Very truly yours,
[Signature]
[Name]
[Title]

630
AB-149033

52 5505

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5505

1. NAME OF DECEASED (Type or Print) Edith Rose Ward		2. DATE OF DEATH June 13-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 66yrs.		D. STREET ADDRESS (If rural, give location) 4940 Eastern Ave., Baltimore City Hospitals	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 25, 1884
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 68 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. FATHER'S NAME John T. Ward		11. BIRTHPLACE (State or foreign country) Pennsylvania	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Sarah Heathcote	
17. INFORMANT Baltimore City Hospitals		18. RECORDS: 4940 Eastern Ave.	

18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma Breast & generalized Metastases 1 yr.	CAUSE OF DEATH (A) Carcinoma Breast & generalized Metastases 1 yr.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Pathological Fracture rt. Hip 1 yr.	
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19A. DATE OF OPERATION 6-13-52	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5-31-**, **1951** to **6-13-**, **1952**, that I last saw the deceased alive on **6-13-**, **1952**, and that death occurred at **2 A.** m., from the causes and on the date stated above.

23A. SIGNATURE W. B. Dwyer	23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.	23C. DATE SIGNED 6-13-52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/16/52	24C. NAME OF CEMETERY OR CREMATORY Oak Lawn	24D. LOCATION (City, town, or county) (State) Balto. Md.
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DATE RECEIVED BY LOCAL REGISTRAR JUN 14 1952	REGISTRAR'S SIGNATURE Huntington Williams, Md.	25. FUNERAL DIRECTOR 47th St. Inc. 1217 St. Paul St	ADDRESS
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8000-1

John T. Smith

John T. Smith

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John T. Smith

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5506**

480
2 5506
BIRTH NO.

1. NAME OF DECEASED (Type or Print) James Doyle		2. DATE OF DEATH 12 June 52	
3. PLACE OF DEATH: A. Baltimore City, Maryland 2601 Roslyn Ave.		4. USUAL RESIDENCE (Where deceased lived, in institution; residence before admission) A. Randallstown Md. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Wilson Nursing Home		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) Allen Drive	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Oct 14 1880
		9. AGE (In years birthday) 71	10. Under 1 Year Months: Days
		11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Artist - Etcher		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME James Doyle		14. MOTHER'S MAIDEN NAME Mary Francis Ward	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, and if unknown) No.		16. SOCIAL SECURITY NO.	
		17. INFORMANT ADDRESS James Doyle 3rd. Randallstown Md.	

18. 163 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of lung, rt		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from July , 19 51 , to 12 June , 19 52 , that I last saw the deceased alive on 9 June , 19 52 , and that death occurred at 6:15 A. M. , from the causes and on the date stated above.		
23A. SIGNATURE Paul H. Royce	M. D. Pikesville 8 Md	23C. DATE SIGNED 12 June 52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6-16-52	24C. NAME OF CEMETERY OR CREMATORY Holy Family Cem.
		24D. LOCATION (City, town, or county) (State) Harrisonville Md.
DATE RECEIVED BY JUN 14 1952	REGISTRAR'S SIGNATURE Huntington Wallis, M.D.	25. FUNERAL DIRECTOR ADDRESS Ellsworth Armacost 4600 Liberty Heights Ave.

James Doyle 3d

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UNITED STATES OF AMERICA
DEPARTMENT OF AGRICULTURE

OFFICE OF THE
SECRETARY

ALBANY, N.Y.
JAN 10 1900

TO THE SECRETARY

OF THE DEPARTMENT

OF AGRICULTURE

WASHINGTON, D.C.

FOR INFORMATION

OF THE SECRETARY

OF THE DEPARTMENT

OF AGRICULTURE

WASHINGTON, D.C.

JAN 10 1900

TO THE SECRETARY

OF THE DEPARTMENT

OF AGRICULTURE

WASHINGTON, D.C.

FOR INFORMATION

OF THE SECRETARY

OF THE DEPARTMENT

OF AGRICULTURE

WASHINGTON, D.C.

JAN 10 1900

TO THE SECRETARY

OF THE DEPARTMENT

AB-660036

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5507

Registered No.

1. NAME OF DECEASED (Type or Print) Baby Girl Baker			2. DATE OF DEATH June 14-1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sparrows Point		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 518 D. Street zone 19		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 13-1952		9. AGE (in years last birthday) 8
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME James Baker			14. MOTHER'S MAIDEN NAME Catherine Ryan		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Baltimore City Hospitals Records: 4940 Eastern Ave.		

18. 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity		INTERVAL BETWEEN ONSET AND DEATH Life
DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
DUE TO		
DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-13- , 19 52 , to 6-14- , 19 52 , that I last saw the deceased alive on 6-14- , 19 52 , and that death occurred at 1.20A m., from the causes and on the date stated above.					
23A. SIGNATURE J. S. Rogers		23B. ADDRESS 4940 Eastern Ave., Balto., Md.		23C. DATE SIGNED 6-14-1952	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE JUNE 14-1952		24C. NAME OF CEMETERY OR CREMATORY SACRED HEART-MARY	
24D. LOCATION (City, town, or county) (State) DUNDALK MD		25. FUNERAL DIRECTOR Huntington Williams, M.D. & L. RICHY FUNERAL HOME		ADDRESS 2112 DUNDALK IS.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 14 1952					

MEDICAL CERTIFICATION

1622

1622

CONTINUED

[Faint, mostly illegible text and markings, possibly bleed-through from the reverse side of the page. Some faint words like "CONTINUED" and "1622" are visible.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5508**

125
5508 *Res.*

1. NAME OF DECEASED (Type or Print) Baby Girl Gibson		2. DATE OF DEATH June 13, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland CH. I. N. 48.		4. USUAL RESIDENCE (Where deceased lived. If institution residence before admission) A. STATE Md. B. COUNTY Calvert	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Huntington	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 5400	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 23, 1952
9. AGE (In years last birthday)		10. Under 1 Year Months 21	11. Under 24 Hours Hours 21 Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTH PLACE (State or foreign country) Calvert Co. Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Franklin Gibson		14. MOTHER'S MAIDEN NAME Frances Gibson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS	

18. 759.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Epidermolysis bullosa DUE TO (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 21 days

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **5-24**, 19**52**, to **6-13**, 19**52**, that I last saw the deceased alive on **6-13**, 19**52** and that death occurred at **5:30 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE J. R. Simmons M. D.		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 6/14/52	
---	--	--	--	---------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE June 14, 1952		24C. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24D. LOCATION (City, town, or county) (State) Huntington, Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 14 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Chas. H. Brown & Son		ADDRESS Martinsburg, Md.	

1972 24

RECEIVED
DATE OF DEATH



160
5509
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5509

1. NAME OF DECEASED
(Type or Print)

Charles W. Copper

2. DATE
OF
DEATH

June 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MD.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

DOA St. Agnes' Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 2611

D. STREET ADDRESS (If rural, give location)

704 S. EAST AVE.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

B. DATE OF BIRTH

APRIL 24, 1905

9. AGE (In years
last birthday)

47

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

REQUISITIONER

10B. KIND OF BUSINESS OR
INDUSTRY

B&O R.R.

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

WILLIAM J. COPPER

14. MOTHER'S MAIDEN NAME

MABEL STEVENS.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

NO

NO

16. SOCIAL
SECURITY NO.

705-10-9340

17. INFORMANT

ADDRESS

FRANCES M. COPPER 704 S. EAST AVE.

1B. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Dr. J. Mc Clafferty

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

6-13-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL JUNE 16, 1952

SACRED HEART CEM. 7401 GERMAN HILL RD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 14 1952

Huntington Williams, 414 Charles St. 901 S. CONKLING ST.

MD

BALTIMORE

101 2 EAST AVE

MARRIED APRIL 1902 47

WILLIAM J COPPER B+C R R BALTIMORE, MD U.S.A

MABEL STEVENS

101-10-340 FRANCES M COPPER 101 2 EAST AVE

WILLIAM J COPPER 101 2 EAST AVE BALTIMORE, MD
MABEL STEVENS 101 2 EAST AVE BALTIMORE, MD

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 5510

BIRTH NO. 163 5510

1. NAME OF DECEASED
(Type or Print)

LOUIS C. SEIFERT SR.

2. DATE OF DEATH

June 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland **211 S. Robinson St.**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

211 S. Robinson St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

AUG. 21, 1890

9. AGE (In years last birthday)

61

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Supervisor

10B. KIND OF BUSINESS OR INDUSTRY

Western Maryland Dairy

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

? Seifert

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

No.

16. SOCIAL SECURITY NO.
215-10-3700

17. INFORMANT ADDRESS
Anna M. Seifert 211 S. Robinson St.

18. **442X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

Myocardial C. V. Disease

INTERVAL BETWEEN ONSET AND DEATH

Mar 15/52

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

Chf Myocarditis
Myocardial Failure

Mar 15/52

June 8/52

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

None.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

None

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3-15-52**, 19**52**, to **6-12**, 19**52** that I last saw the deceased alive on **6-11**, 19**52**, and that death occurred at **12:30 A.M.** from the causes and on the date stated above.

23A. SIGNATURE

Richard M. Schimmick

23B. ADDRESS

842 S. E. St.

23C. DATE SIGNED

6-13-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 14, 1952

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county) (State)

7225 Eastern Ave. Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leland J. Seiler 901 S. Conkling St.

MEDICAL CERTIFICATION

ONE \$

BRITISH CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

10 APR 1890

UNKNOWN

John J. ...

500
5511
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5511

1. NAME OF DECEASED (Type or Print) <i>Lucy Stevenson Janner</i>		2. DATE OF DEATH <i>6-13-52</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY	
b. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Union Memorial Hosp.</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 11-03</i>	
c. Length of stay in Baltimore <i>7 35-</i> Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) <i>700 Park Ave</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	8. DATE OF BIRTH <i>Jan 11, 1880</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>72</i>
11. BIRTHPLACE (State or foreign country) <i>Canada</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Archibald W. Stevenson</i>		14. MOTHER'S MAIDEN NAME <i>Sophia A. Cottingham</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mrs. H. Boyce</i>		ADDRESS <i>4 Club Rd.</i>	

18. <i>465X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>PULMONARY INFARCTIONS</i> DUE TO (B) <i>MULTIPLE PULMONARY EMBOLI</i> DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i> <i>?</i>
<p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p>II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>

19a. DATE OF OPERATION <i>0</i>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *6-11-52* 19__, to *6-13-52* 19__, that I last saw the deceased alive on *6-12-52* 19__, and that death occurred at *6 pm*, from the causes and on the date stated above.

23a. SIGNATURE <i>Richard K. Beach</i>	23b. ADDRESS <i>Union Memorial H.</i>	23c. DATE SIGNED <i>6-13-52</i>
---	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Cremation</i>	24b. DATE <i>6/14/52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Greenmount Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Baltimore, Md</i>
DATE RECEIVED BY LOCAL REGISTRY <i>JUN 14 1952</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, Mgr. 4400 W. 1st St. Baltimore, Md</i>	ADDRESS <i>805 E. Calver St. Baltimore, Md</i>

MEDICAL CERTIFICATION

1931

CERTIFICATE OF DEATH

Name of Deceased		Sex		Age		Date of Death	
Place of Birth		Occupation		Cause of Death		Place of Death	
Signature of Physician		Signature of Registrar		Signature of Coroner		Signature of Burial Officer	
Signature of Minister		Signature of Undertaker		Signature of Cemetery		Signature of Burial	

1931 - Thompson Memorial Hospital - 1000

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5512
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MINNA L. WATSON		2. DATE OF DEATH June 12, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY 14-01	
B. FULL NAME OF HOSPITAL OR INSTITUTION 212 Laurens St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 212 Laurens St.	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Mar. 24, 1886
10A. FEMALE OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9. AGE (in years last birthday) 65	
10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Edward Wischmeyer		12. CITIZEN OF WHAT COUNTRY? Maryland	
14. MOTHER'S MAIDEN NAME Effie Duckstien		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mr. J. Howard Watson - 212 Laurens St.	

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary thrombosis DUE TO		INTERVAL BETWEEN ONSET AND DEATH 1 da
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary sclerosis DUE TO		1 yr
Arteriosclerosis heart disease DUE TO		1 yr

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **June 8, 1952** to **June 12, 1952** that I last saw the deceased alive on **June 12, 1952** and that death occurred at **9 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE R. Freeman		23B. ADDRESS 11 W. 29th St.		23C. DATE SIGNED June 13, 1952	
-------------------------------------	--	---------------------------------------	--	--	--

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/14/52		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.		24D. LOCATION (City, town, or county) (State) Balto., Md.	
--	--	-----------------------------	--	---	--	---	--

DATE RECEIVED BY LOCAL REGISTRAR JUN 14 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Wm. J. Schuer & Sons	
--	--	---	--	---	--

Balto 17, Md.

1912

RECORDS OF THE DEPARTMENT OF THE INTERIOR

STATE OF CALIFORNIA

RECEIVED
JAN 10 1912
U. S. DEPT. OF THE INTERIOR
BUREAU OF LANDS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52-5513**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM W. TIPTON

2. DATE
OF
DEATH

June 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2914 Clifton Park Terrace

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2914 Clifton Park Terrace

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

B. DATE OF BIRTH

Mar. 30, 1894

9. AGE (In years,
last birthday)

58

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Supervisor

10B. KIND OF BUSINESS OR
INDUSTRY

Newspaper

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Howard R. Tipton

14. MOTHER'S MAIDEN NAME

Annie Sipple

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

World War #1

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Helen Tipton - 2914 Clifton Park Terr

18. **260X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) **Coronary thrombosis**
DUE TO

1 day.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) **arteriosclerotic CVD**
DUE TO

?

(C) **Diabetes mellitus**

?

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from **10-21**, 19**41**, to **6-12**, 19**52**, that I last saw the
deceased alive on **6-12**, 19**52**, and that death occurred at **6:30 PM**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

6/16/52

Baltimore National Cem

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 14 1952

Huntington Williams, M.D.

Wm. J. Tichner & Sons

2904 1/2 Balto 17, Md

MEDICAL CERTIFICATION

1718

CERTIFICATE OF DEATH

1718



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 5514

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES R. PLOWMAN

2. DATE
OF
DEATH June 12, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
4908 Belair Road

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Mar. 1, 1899

9. AGE (In years last birthday)

53

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Pharmacist

10B. KIND OF BUSINESS OR INDUSTRY

Drug Store

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James R. Plowman

14. MOTHER'S MAIDEN NAME

Katie Vertch

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mrs. Mildred Plowman - 4908 Belair Rd.

CAUSE OF DEATH

18. E981X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Gunshot wound of head

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

11
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

drugstore

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

4913 Belair Road

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

June 11, 1952 10:45 P. m.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Firearms

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

M.D.

MEDICAL INVESTIGATOR.....

June 12, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/16/52

24C. NAME OF CEMETERY OR CREMATORY

Western Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 14 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Edwin J. Pickner & Son

ADDRESS

Balto 17, Md

V S 151

N 803.4

8736L

MEDICAL CERTIFICATION

Handwritten text at the bottom of the page, possibly a signature or date, including the word "March".

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5515
Registered No.

335
52 5515
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Stedding, Owen G.</i>			2. DATE OF DEATH <i>6/12/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>28-09</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Franklin Square Hosp.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>4829 Windsor Mill Rd.</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	8. DATE OF BIRTH <i>6/28/1881</i>	9. AGE (in years last birthday) <i>70</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Foreman</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Construction</i>		11. BIRTHPLACE (State or foreign country) <i>?</i>	
13. FATHER'S NAME <i>?</i>		14. MOTHER'S MAIDEN NAME <i>?</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>none</i>		16. SOCIAL SECURITY NO. <i>213-03-6006</i>		17. INFORMANT ADDRESS <i>Mr. Jack Stedding - 4829 Windsor Mill Rd.</i>	

18. <i>492x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) <i>Pneumonitis</i>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Brondial asthma + A.S.C.U.D.</i>		
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		

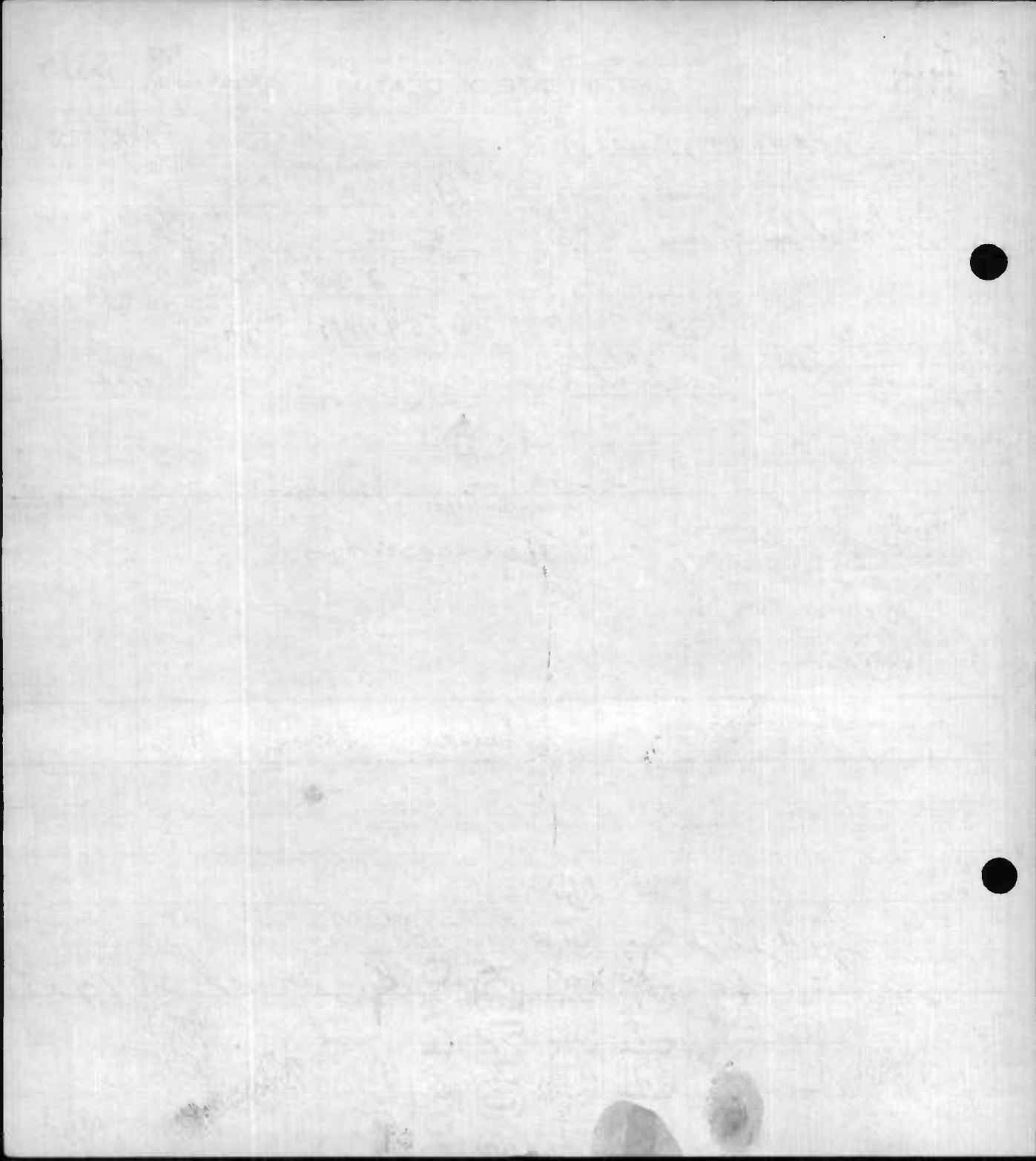
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *6/4*, 19*52* to *6/12*, 19*52*, that I last saw the deceased alive on *6/12*, 19*52*, and that death occurred at *10* m., from the causes and on the date stated above.

23A. SIGNATURE <i>R. B. Chamber</i>		23B. ADDRESS <i>Franklin Square Hosp.</i>		23C. DATE SIGNED <i>6/13/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>6/16/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Loudon Park Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto, Md.</i>					

DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 14 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Wm. J. Vickner & Sons</i>	
VS 150		<i>52324</i>		<i>Balto 17, Md.</i>	

MEDICAL CERTIFICATION



-400
52 5516BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5516

BIRTH NO.			1. NAME OF DECEASED (Type or Print) MICHAEL J. KELLY			2. DATE OF DEATH June 13, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY 15-04					
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 2115 N. Fulton Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			D. STREET ADDRESS (If rural, give location) 2115 N. Fulton Ave.		
c. Length of stay in Baltimore Yrs. Mos. Days			5. SEX male			6. COLOR OR RACE white		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed			8. DATE OF BIRTH Dec. 1, 1856			9. AGE (In years, last birthday) 95		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator (rtd)			10B. KIND OF BUSINESS OR INDUSTRY Transit Co.			11. BIRTHPLACE (State or foreign country) Md.		
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME John Kelly			14. MOTHER'S MAIDEN NAME Mary ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or uoknowo) no			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Mr. John C. Kelly - 2115 N. Fulton Ave.		
18. 794x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Sanitity (A) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH Sanitity			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., io or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY			21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from June 1, 1952 , to June 13, 1952 , that I last saw the deceased alive on June 13, 1952 , and that death occurred at 6:45 p.m. , from the causes and on the date stated above.								
23A. SIGNATURE [Signature]			23B. ADDRESS M. D. 1123 S. Park St			23C. DATE SIGNED 6/14/52		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 6/17/52			24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.		
24D. LOCATION (City, town, or county) (State) Balto., Md.			DATE RECEIVED BY LOCAL REGISTRAR JUN 14 1952			REGISTRAR'S SIGNATURE Huntington Williams, M.D.		
VS 150			25. FUNERAL DIRECTOR Wm. J. Lickner & Son			ADDRESS Balto 17, Md.		

MINISTRY OF HEALTH
HISTORICAL RECORDS

1918-1919

1918

1919

1920

1921

1922

1923

1924

1925

200
52 5517

CERTIFICATE CORRECTED 6-18-52

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 5517

Registered No. _____

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) <u>Edward P. Cockery</u>		2. DATE OF DEATH <u>6/14/52</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md.</u> B. COUNTY <u>Queen Anne</u>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Univ. Hosp.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Stevensville</u>			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <u>6700</u>			
5. SEX <u>14</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>July 11, 1878</u>	9. AGE (In years last birthday) <u>73</u>	If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Real Estate</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Real Estate</u>		11. BIRTHPLACE (State or foreign country) <u>14th</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. FATHER'S NAME <u>James H. Cockery</u>		14. MOTHER'S MAIDEN NAME <u>Emma Turner</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>214-05-1033</u>		17. INFORMANT ADDRESS <u>Mrs. James B. Carter, 18264 Warwick Road,</u>	

18. <u>150X</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH <u>Uremia</u>		Interval Between Onset and Death	
ANTECEDENT CAUSES		(A) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO <u>Ca of esophagus</u>			
		(C) DUE TO <u>widespread metastasis</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <u>2</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 6/11/52, 1952, to 6/14, 1952, that I last saw the deceased alive on 6/14, 1952, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE <u>E. B. Ray</u>		M. D. <u>Univ. Hosp.</u>		23B. ADDRESS <u>6700</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24B. DATE <u>6/17/52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>STEVENSVILLE CEM.</u>	
				24D. LOCATION (City, town, or county) (State) <u>KENT ISLAND, MD.</u>	

DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 15 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, MD.</u>		25. FUNERAL DIRECTOR <u>JOHN F. DENNY, INC.</u>	
				ADDRESS <u>715 LIGHT ST. BALTO. 30, MD</u>	

1991

AB-159845

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5518

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Robert C. Burns (Robert G. Burns)

2. DATE
OF
DEATH

June 14-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONBaltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

646 E. 37th. Street zone 18

c. Length of stay in Baltimore

5yrs.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

Yrs.
Mos.
Days

8. DATE OF BIRTH

7-1-27-1867

9. AGE (In years

last birthday)

83

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Georgia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Jeremiah Burns

14. MOTHER'S MAIDEN NAME

? Sutton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Baltimore City Hospitals
Records: 4940 Eastern Ave.

18. 610X

CAUSE OF DEATH

Benign prostatic hypertrophy

Carcinoma of Prostate

INTERVAL BETWEEN ONSET AND DEATH

Unknown

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Senility and Arteriosclerotic Heart Disease
DUE TO

Unknown

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

6-10-1952

19B. MAJOR FINDINGS OF OPERATION

Cystoscopy

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-6-1952 to 6-14-1952, that I last saw the deceased alive on 6-14-1952, and that death occurred at 11.30PM from the causes and on the date stated above.

23A. SIGNATURE

P. S. Bozen M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

6-15-1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

6/17/52

24C. NAME OF CEMETERY OR CREMATORY

New Hollywood

24D. LOCATION (City, town, or county)

Elizabeth City N. C.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Tichner & Son

ADDRESS

Baltimore (17)

See Document File 52-5518

7/9/52 ES

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		BENJAMIN LEVIN		2. DATE OF DEATH		6-13-52	
3. PLACE OF DEATH:				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
A. Baltimore City, Maryland				A. STATE Maryland			
B. FULL NAME OF HOSPITAL OR INSTITUTION				B. COUNTY			
Greenspring & Belvedere Aged Home							
C. Length of stay in Baltimore				C. CITY OR TOWN (If outside corporate limits, write RURAL and township)			
45 Yrs				Baltimore			
D. STREET ADDRESS (If rural, give location)				1773 Darley Avenue			
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
Male		White		MARRIED		Oct. 15, 1894	
9. AGE (in years last birthday)		10. UNDER 1 Year		11. UNDER 1 Year		12. UNDER 24 Hours	
57		Months		Days		Hours	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10B. KIND OF BUSINESS OR INDUSTRY			
Tailor				shop			
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
Samuel Levin				Ida ??			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)				16. SOCIAL SECURITY NO.			
17. INFORMANT				ADDRESS			
Mrs Esther Levin-				1773 Darley Avenue			

<p>18. <u>180X</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p>	<p>CAUSE OF DEATH <u>Adenocarc. of Kidney</u> (A) DUE TO</p>	<p>INTERVAL BETWEEN ONSET AND DEATH <u>years</u></p>
<p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p>	<p>(B) DUE TO (C)</p>	
<p>11 OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>		

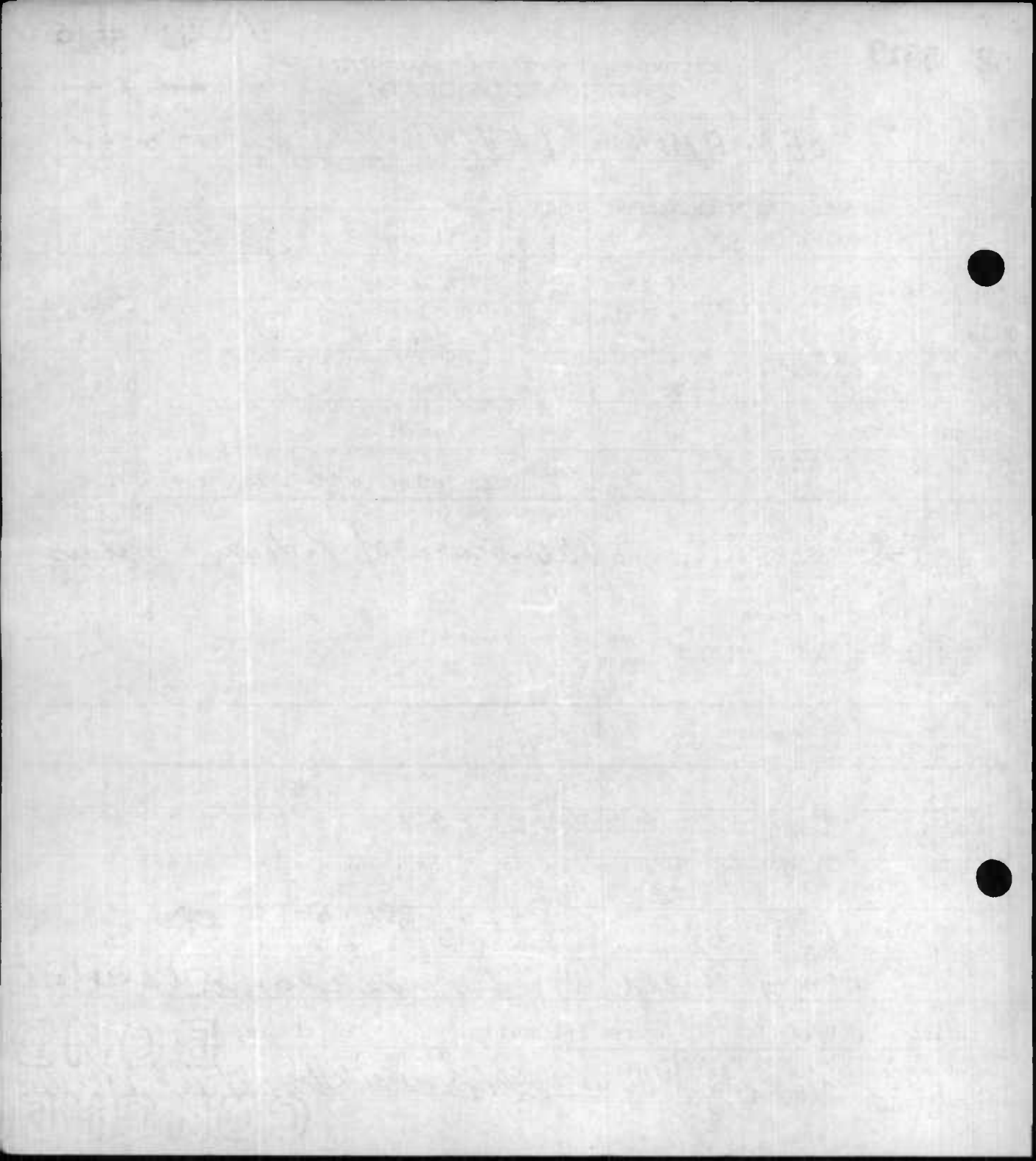
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> m.			

22. I hereby certify that I attended the deceased from 5-20, 1952, to 6-13, 1952, that I last saw the deceased alive on 6-13, 1952 and that death occurred at 3 p m., from the causes and on the date stated above.

23A. SIGNATURE <i>Henry Nagel</i>	23B. ADDRESS <i>Devindale Home</i>	23C. DATE SIGNED <i>6-13-52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/15/52	24C. NAME OF CEMETERY OR CREMATORY Hebrew Friendship	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
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DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 15 1952 VS 150	Huntington Williams, M.D.	Ed. Turner, H. Bros.	1124-26 W. North Ave



453

52 5520

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5520

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LENA BLINDER		2. DATE OF DEATH June 14, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1725 Gwynns Falls Parkway		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-04	
C. Length of stay in Baltimore 30 yrs. Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1725 Gwynns Falls Pkwy	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH 1894
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE (in years last birthday) 57 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME Philip Monaker		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Sarah Schiff-		ADDRESS 2317 Koko Lane	

18. **260X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH
(A) **Myocardial Infarction**
DUE TO **Coronary Thrombosis**
(B) **Diabetes -**
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

24 hrs
2 yrs.

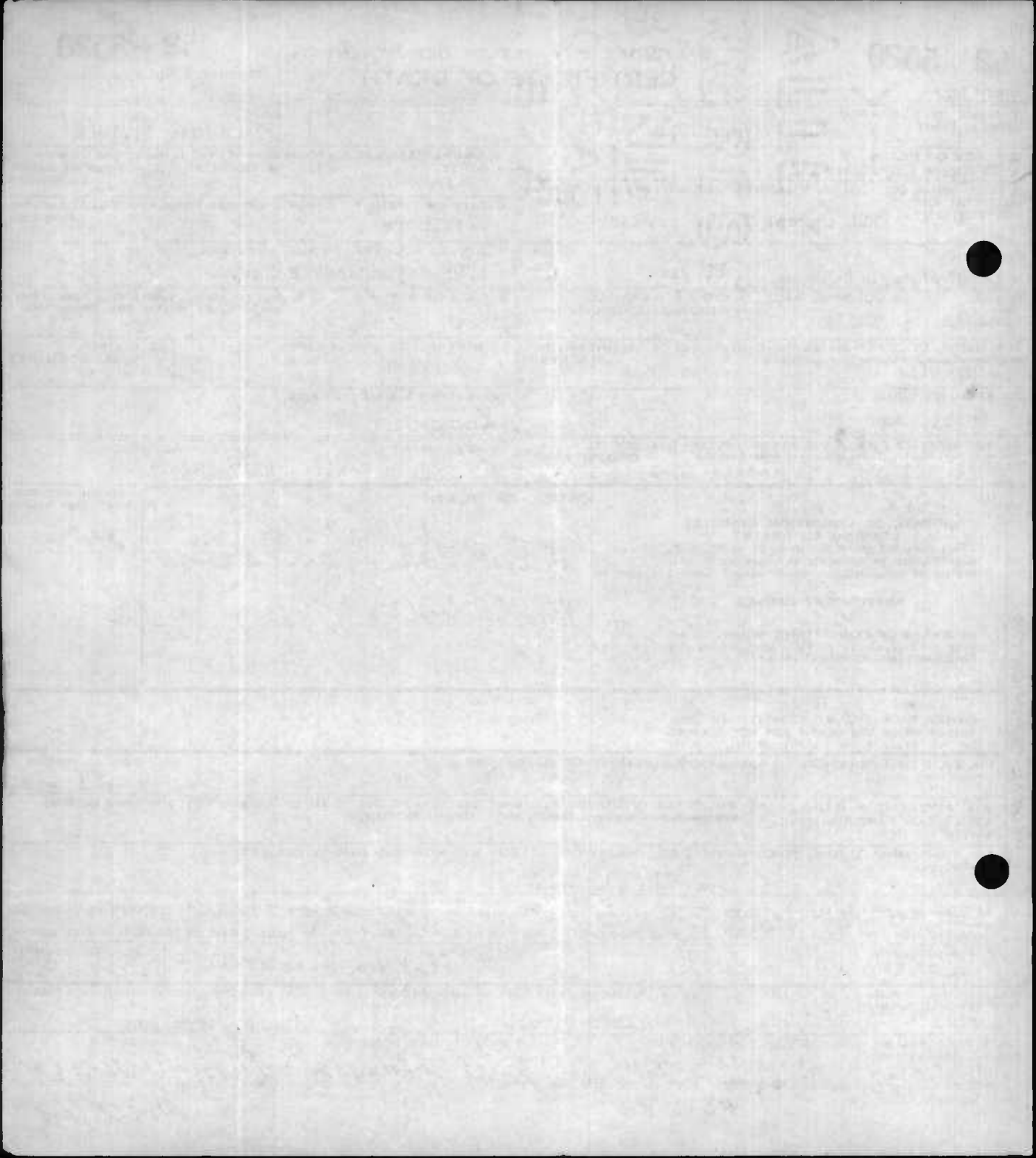
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> M. WORK AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **June 13, 1952** to **June 14, 1952** that I last saw the deceased alive on **June 13, 1952** and that death occurred at **7:55 A. M.**, from the causes and on the date stated above.

23A. SIGNATURE **Reed H. Kalman** M. D. 23B. ADDRESS **3700 Park Heights Ave** 23C. DATE SIGNED **June 14, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/15/52		24C. NAME OF CEMETERY OR CREMATORY Workmen Circle		24D. LOCATION (City, town or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR JUN 15 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Edwin Robinson		ADDRESS Box - 1124-26th North Ave	



120
52 5521

52 5521

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) <i>Mary A. Niels</i>		
2. DATE OF DEATH <i>June 13, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>A-3-N Romanell</i>		
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 8-06</i>		
D. STREET ADDRESS (If rural, give location) <i>1601 N. Wolfe St.</i>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10B. KIND OF BUSINESS OR INDUSTRY <i>Own home</i>	8. DATE OF BIRTH <i>June 2, 1887</i>
9. AGE (In years last birthday) <i>65</i>		11. Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>John Hersold</i>
14. MOTHER'S MAIDEN NAME <i>Lena. Ruth</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____ (If yes, give war or dates of service) _____
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>

18. <i>154X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Uremia.</i> DUE TO _____	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Adenocarcinoma, recto sigmoid</i> <i>& widespread abd. metastases</i> DUE TO _____		<i>18 mo.</i>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>6-9</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>6-9</i> , 19 <i>52</i> , to <i>6-13</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>6-13</i> , 19 <i>52</i> , and that death occurred at <i>1:30 A.M.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>Robert E. L. Nesbitt, Jr.</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>6/16/52</i>	24C. NAME OF CEMETERY OR CREMATOR <i>U. S. National</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Maryland</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 15 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Wm. Cogh. Inc., 1217 E. Paul St.</i>	ADDRESS

52 5522

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5522

Registered No.

BIRTH NO. 52-12577

1. NAME OF DECEASED
(Type or Print)

Baby boy Jones

2. DATE
OF
DEATH

6/7/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 8-07

D. STREET ADDRESS (If rural, give location)

1200 N. 13th St.

c. Length of stay in Baltimore

6 hrs.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

6/7/52

9. AGE (In years;
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

6

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Rose Benbow

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mother

ADDRESS

see above

18. 762.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Drowned in Amniotic Fluid 6 hrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)22. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-7 - 50 1952, to 6-7, 1952, that I last saw the
deceased alive on 6-7, 1952, and that death occurred at 10:00 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1543 Penna Av.

6/8/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL JUN 11 1952

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 15 1952

Huntington Williams, M.D.

Commissioner of Health

VS 150

MEDICAL CERTIFICATION

No. 18 2528	
Date of Birth	
Place of Birth	
Sex	
Race	
Religion	
Education	
Occupation	
Marital Status	
Family Size	
Income	
Assets	
Liabilities	
Signature	
Date	
Remarks	

52 5523
655-143223BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5523
Registered No. _____

1. NAME OF DECEASED (Type or Print) WILLIAM Elmer Sherman		2. DATE OF DEATH 6-10-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-12	
c. Length of stay in Baltimore 58yrs Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) Baltimore City Hospitals 4940 Eastern Ave.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 14, 1894
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist Operator Continental Can Co		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 59 If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) W. Va.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John Sherman (M)		14. MOTHER'S MAIDEN NAME Katie Painter	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Records: B. C. H. 4940 Eastern Avenue		ADDRESS	

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Infarction DUE TO Arteriosclerotic Heart Disease DUE TO Arteriosclerotic Heart Disease DUE TO		INTERVAL BETWEEN ONSET AND DEATH 1 wk. Many yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 6-17-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 11-9 , 19 50 , to 9-10 , 19 52 , that I last saw the deceased alive on 9-10 , 19 52 , and that death occurred at 4:15 m., from the causes and on the date stated above.				
23A. SIGNATURE C. D. Egan M. D.		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 6-14-52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/17/52	24C. NAME OF CEMETERY OR CREMATORY Oak Lawn	24D. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR JUN 15 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm Cook Inc. 1217 St. Paul st	
VS 150 69030			

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52 5524

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5524

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ada Norman Layton

2. DATE
OF
DEATH

June 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE B. COUNTY before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

516 N. Carrollton Ave

C. Length of stay in Baltimore

25 years

5. SEX

Female Colored

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

13. FATHER'S NAME

James Norman

8. DATE OF BIRTH

Apr. 2, 1895

9. AGE (in years last birthday)

57

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Petersburg Va

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

Kate M. Million

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

1. INFORMANT

Robert Layton

ADDRESS

516 N. Carrollton Ave.

16. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) myocarditis

DUE TO

4 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) arterio sclerosis

DUE TO

4 years

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 5-24-1952 to 6-12-1952, that I last saw the deceased alive on 6-12-1952 and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

John E. J. Campbell

M. D.

23B. ADDRESS

636 N. Carey St

23C. DATE SIGNED

6-14-52

24A. BURIAL CREMATION, REMOVAL (Specify)

24B. DATE

June 15, 1952

24C. NAME OF CEMETERY OR CREMATORY

Arbutus

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Stallard Funeral Home

ADDRESS

1651 Druid Hill Ave

1963

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COLLECTION OF
RECORDS OF THE
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AND THE DEPARTMENT OF THE ARMY

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5525
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Douglas Grant Scott M.D.*2. DATE OF DEATH *June 11, 1952*3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *md.* B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION *JOHNS HOPKINS HOSPITAL*C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
*Baltimore 11-04*c. Length of stay in Baltimore *Life*
Yrs. Mos. DaysD. STREET ADDRESS (If rural, give location)
*354 W. Biddle St.*5. SEX *male*6. COLOR OR RACE *colored*7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Sept. 6, 1867

9. AGE (In years last birthday)

84

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
*Physician*10B. KIND OF BUSINESS OR INDUSTRY
Medicine

11. BIRTHPLACE (State or foreign country)

*Baltimore, Maryland*12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Edward Scott (W.)

14. MOTHER'S MAIDEN NAME

Henrietta Leakins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
*JOHNS HOPKINS HOSPITAL*18. *422.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Thrombosis, history of*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Arteriosclerotic Cardiovascular Disease*
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from *6-11*, 19*52*, to *6-11*, 19*52*, that I last saw the deceased alive on *6-11*, 19*52*, and that death occurred at *10:15 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Norman E. Shaver

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

6-12-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 16, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem.

24D. LOCATION (City, town, or county)

Baltimore Co., Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Holland Funeral Home-1631 Druid Hill Ave.

<div style="display: flex; justify-content: space-between;"> 436 52 5526 BALTIMORE CITY HEALTH DEPARTMENT 52 5526 </div>		
<div style="display: flex; justify-content: space-between;"> BIRTH NO. 52-12047 CERTIFICATE OF DEATH Registered No. _____ </div>		
1. NAME OF DECEASED (Type or Print) <i>Baby Walter</i>		2. DATE OF DEATH <i>5-29-52</i>
3. PLACE OF DEATH: a. Baltimore City, Maryland ✓ b. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Maryland Gen. Hospital</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Maryland</i> b. COUNTY _____ c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 20-02</i>
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		d. STREET ADDRESS (If rural, give location) <i>2410 W. Lexington St.</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____
13. FATHER'S NAME <i>William Walter</i>		14. MOTHER'S MAIDEN NAME <i>Cora Walber</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____
18. <i>776x</i> 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Pneumatury</i> (A) _____ DUE TO _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO _____ (C) _____		12. CITIZEN OF WHAT COUNTRY? _____ INTERVAL BETWEEN ONSET AND DEATH <i>8 1/2 hrs.</i>
19a. DATE OF OPERATION <i>5/29</i> 19b. MAJOR FINDINGS OF OPERATION _____		
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____		21d. TIME (Month) (Day) (Year) (Hour) INJURY _____
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from <i>5/28</i> 1952 to <i>5/29</i> 1952 that I last saw the deceased alive on <i>5/29</i> 1952 and that death occurred at <i>12:30 a.m.</i> , from the causes and on the date stated above.		
23a. SIGNATURE <i>S. P. Vassariadis</i> M. D.		23b. ADDRESS <i>Maryland Gen. Hospital</i>
23c. DATE SIGNED <i>5/29/52</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) _____
24b. DATE _____		24c. NAME OF CEMETERY OR CREMATORY _____
24d. LOCATION (City, town, or county) _____ (State) _____		25. FUNERAL DIRECTOR <i>John Hopkins Medical School JUN 4 1952</i> <i>Huntington Williams, M.D. Commissioner of Health</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 15 1952</i>		ADDRESS _____

THE UNIVERSITY OF CHICAGO

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52 5527

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5527
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MAX STEINER

2. DATE
OF
DEATH

June 14, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

a. STATE

b. COUNTY

before admission)

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1742 E. Baltimore St.

Yrs.

Mos.

Days

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 27-18

d. STREET ADDRESS (If rural, give location)

5329 Nelson Ave

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (In years last birthday)

10 Under 1 Year 11 Under 1 Year 12 Under 24 Hours 13 Under 24 Hours

Months: Days Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Grocer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Kalman

14. MOTHER'S MAIDEN NAME

Sarah

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Esther Steiner - Home

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Artery Sclerosis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) INJURY

21e. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection of Injury thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

Stanley H. Durelesher M.D.

23b. CHIEF MEDICAL EXAMINER ☐

ASSISTANT MEDICAL EXAMINER ☐

23c. DATE SIGNED

June 15, 52

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

6-16-52

24c. NAME OF CEMETERY OR CREMATORY

Herring Run

24d. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 19 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis 2100 East Ave

ADDRESS

MEDICAL CERTIFICATION

1972 35

RECEIVED
CENTRAL INTELLIGENCE AGENCY
WASHINGTON, D.C. 20505

1972 35

TO : DIRECTOR, CENTRAL INTELLIGENCE AGENCY
FROM : [illegible]
SUBJECT : [illegible]
[The remainder of the page contains several paragraphs of extremely faint, illegible text, likely a memorandum or report.]

500

52 5528

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5528

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) BESSIE COHEN		2. DATE OF DEATH 6-13-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY			
B. FULL NAME OF (if not in hospital or institution, give street address or location) 3600 Oakmont Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-18			
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 3600 Oakmont Ave			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH 49	9. AGE (in years last birthday) 49	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper		10b. KIND OF BUSINESS OR INDUSTRY ?		11. BIRTHPLACE (State or foreign country) Baltimore Md	
13. FATHER'S NAME David Seidman		14. MOTHER'S MAIDEN NAME Mollie			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS David Cohen - Home	
18. 170X		CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Metastatic carcinoma			3 yrs.
ANTECEDENT CAUSES		(B) primary breast			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 1952 to June 13, 1952 , that I last saw the deceased alive on June 13, 1952 , and that death occurred at 5:00 m., from the causes and on the date stated above.					
23a. SIGNATURE N. E. Needle		23b. ADDRESS 2314 - W. North Ave		23c. DATE SIGNED 6/14/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-15-52		24c. NAME OF CEMETERY OR CREMATORY United Hebrew	
24d. LOCATION (City, town, or county) Balto Md		24e. LOCATION (City, town, or county) Balto Md		24f. LOCATION (City, town, or county) Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR JUN 15 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Jack Lewis 2100 Eutan Rd	

152 310 29 525

MEDICAL CERTIFICATION

Needle
W North Ave
8-10-11

MT

52 5529

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5529

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH ROSENBLATT

2. DATE
OF
DEATH

6-15-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4613 Park 49th

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Md

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Mt Sinai Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 28-02

C. Length of stay in Baltimore

14

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

4017 Kathlamet Ave

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (in years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

33

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Turner

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Solomon

14. MOTHER'S MAIDEN NAME

Julia

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Frieda Rosenblatt - Same

18. 420.1 and 177x

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Hypertensive Heart Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Generalized Arteriosclerosis

(C) Coronary Artery Disease

INTERVAL BETWEEN
ONSET AND DEATH

3 yrs.

10 yrs.

10 yrs.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma of Prostate - Bilateral Prostatectomy - 14 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1931 to June 15, 1952, that I last saw the
deceased alive on June 15, 1952, and that death occurred at 1:47 p.m., from the causes and on the date stated above.

23A. SIGNATURE

H. W. Primack

M. D.

23B. ADDRESS

Crescent Heights

23C. DATE SIGNED

June 15, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6-15-52

24C. NAME OF CEMETERY OR CREMATORY

Chever Chase

24D. LOCATION (City, town, or county) (State)

Randallstown Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

2100 Easton Rd

5529

Pumakoff
Laot 10 - La 3250

BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print)		John Ross Leats		2. DATE OF DEATH June 13, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Ardleigh Nursing Home Girard and Parkdale Avenues		C. CITY OR TOWN Baltimore		13-07	
C. Length of stay in Baltimore 65 years		D. STREET ADDRESS (If rural, give location) 3633 Elm Avenue		Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH July 29, 1872	9. AGE (in years last birthday) 79	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Building Contractor		10B. KIND OF BUSINESS OR INDUSTRY Retired 20 years		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown		12. CITIZEN OF WHAT COUNTRY? U S A	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. ----		17. INFORMANT Mrs. David E. Smith	
				ADDRESS 4432 Buchanan Ave.	
18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
		(A) Cerebral hemorrhage		8 wk	
ANTECEDENT CAUSES		DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Arterio-sclerotic cardio-		yrs.	
		DUE TO			
		(C) Vascular-renal disease			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1932 to June 13, 1952 that I last saw the deceased alive on May 25, 1952, and that death occurred at 5 P. m., from the causes and on the date stated above.					
23A. SIGNATURE W. N. McFaulk		23B. ADDRESS 1800 N. Charles St		23C. DATE SIGNED 6/14/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 16, 1952		24C. NAME OF CEMETERY OR CREMATORY Greenmount	
24D. LOCATION (City, town, or county) Carroll Co., Maryland		25. FUNERAL DIRECTOR Burgee Funeral Home		3631 Falls Road	
DATE RECEIVED BY LOCAL REGISTRAR JUN 15 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		ADDRESS Horace F. Burgee	

CERTIFICATE OF DEATH

2530

John John Jones

John John Jones

John John Jones

John John Jones

John John Jones

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John John Jones

540		52 5531		BALTIMORE CITY HEALTH DEPARTMENT		52 5531	
BIRTH NO.				CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print)				2. DATE OF DEATH			
MARGARET ELIZABETH O'NEILL				6-11-52			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or location)				A. STATE			
INSTITUTION				B. COUNTY			
Armacost Nursing Home				Md.			
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				Balto			
D. STREET ADDRESS (If rural, give location)				8323 Ridgely Oak Rd. 5300			
C. Length of stay in Baltimore				8. DATE OF BIRTH			
5. SEX				9. AGE (In years last birthday)			
Female				56			
6. COLOR OR RACE				10. BIRTHPLACE (State or foreign country)			
White				Balto.			
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)				12. CITIZEN OF WHAT COUNTRY?			
Widowed							
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				11. BIRTHPLACE (State or foreign country)			
Account				Balto.			
10B. KIND OF BUSINESS OR INDUSTRY				12. CITIZEN OF WHAT COUNTRY?			
Western Md. Dairy							
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
Wm. F. Hellmann				Bridget Norris			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.			
17. INFORMANT				ADDRESS			
Mr. Arthur J. O'Neill							
18. 199.9 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				CAUSE OF DEATH			
ANTECEDENT CAUSES				INTERVAL BETWEEN ONSET AND DEATH			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				4 mos.			
				Carcinoma with Generalized Metastases, Origin Undetermined.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY?				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH				21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)							
TIME (Month) (Day) (Year) (Hour)				21E. INJURY OCCURRED			
INJURY				21F. HOW DID INJURY OCCUR?			
m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
22. I hereby certify that I attended the deceased from Jan. 1952 to June 11, 1952, that I last saw the deceased alive on June 9, 1952, and that death occurred at 11 P. M., from the causes and on the date stated above.							
23A. SIGNATURE				23B. ADDRESS			
Wm. H. Hammer, Jr.				501 Sheridan Ave.			
M. D.				23C. DATE SIGNED			
				June 13, 1952			
24A. BURIAL, CREMATION, REMOVAL (Specify)				24B. DATE			
Burial				6-14-52			
24C. NAME OF CEMETERY OR CREMATORY				24D. LOCATION (City, town, or county) (State)			
Cathedral							
DATE RECEIVED BY LOCAL REGISTRAR				REGISTRAR'S SIGNATURE			
JUN 15 1952				Huntington Williams, M.D.			
VS 150				25. FUNERAL DIRECTOR			
				WIEDEFELD & SON			
				GREENMOUNT AVE & 22ND			

650
52 5532BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5532
Registered No.

1. NAME OF DECEASED (Type or Print) MARY Ellen GREEN (GREENE)		2. DATE OF DEATH June 13, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) (914) 14 E. 20th Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 9-08	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) (914) 14 E. 20th Street	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 1871
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT-HOME		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) -81 If Under 1 Year: Months Days If Under 24 Hours: Hours Min.
13. FATHER'S NAME UNKNOWN		11. BIRTHPLACE (State or foreign country) (?)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) N/O		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME UNKNOWN -	
17. INFORMANT MR. THOMAS GREEN - 914 E. 20th ST.		ADDRESS	

18. **443X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Hypertensive cardiovascular disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, **accident** ☐, **suicide** ☐, **homicide** ☐, **undetermined** ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

June 13, 195224A. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

24B. DATE

6-16-52

24C. NAME OF CEMETERY OR CREMATORY

CATHEDRAL CEM.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1917 32

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF BACTERIOLOGY
WASHINGTON, D. C.

1917 32

No.		Date		Description		Remarks	
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9
10	10	10	10	10	10	10	10
11	11	11	11	11	11	11	11
12	12	12	12	12	12	12	12
13	13	13	13	13	13	13	13
14	14	14	14	14	14	14	14
15	15	15	15	15	15	15	15
16	16	16	16	16	16	16	16
17	17	17	17	17	17	17	17
18	18	18	18	18	18	18	18
19	19	19	19	19	19	19	19
20	20	20	20	20	20	20	20
21	21	21	21	21	21	21	21
22	22	22	22	22	22	22	22
23	23	23	23	23	23	23	23
24	24	24	24	24	24	24	24
25	25	25	25	25	25	25	25
26	26	26	26	26	26	26	26
27	27	27	27	27	27	27	27
28	28	28	28	28	28	28	28
29	29	29	29	29	29	29	29
30	30	30	30	30	30	30	30
31	31	31	31	31	31	31	31
32	32	32	32	32	32	32	32
33	33	33	33	33	33	33	33
34	34	34	34	34	34	34	34
35	35	35	35	35	35	35	35
36	36	36	36	36	36	36	36
37	37	37	37	37	37	37	37
38	38	38	38	38	38	38	38
39	39	39	39	39	39	39	39
40	40	40	40	40	40	40	40
41	41	41	41	41	41	41	41
42	42	42	42	42	42	42	42
43	43	43	43	43	43	43	43
44	44	44	44	44	44	44	44
45	45	45	45	45	45	45	45
46	46	46	46	46	46	46	46
47	47	47	47	47	47	47	47
48	48	48	48	48	48	48	48
49	49	49	49	49	49	49	49
50	50	50	50	50	50	50	50
51	51	51	51	51	51	51	51
52	52	52	52	52	52	52	52
53	53	53	53	53	53	53	53
54	54	54	54	54	54	54	54
55	55	55	55	55	55	55	55
56	56	56	56	56	56	56	56
57	57	57	57	57	57	57	57
58	58	58	58	58	58	58	58
59	59	59	59	59	59	59	59
60	60	60	60	60	60	60	60
61	61	61	61	61	61	61	61
62	62	62	62	62	62	62	62
63	63	63	63	63	63	63	63
64	64	64	64	64	64	64	64
65	65	65	65	65	65	65	65
66	66	66	66	66	66	66	66
67	67	67	67	67	67	67	67
68	68	68	68	68	68	68	68
69	69	69	69	69	69	69	69
70	70	70	70	70	70	70	70
71	71	71	71	71	71	71	71
72	72	72	72	72	72	72	72
73	73	73	73	73	73	73	73
74	74	74	74	74	74	74	74
75	75	75	75	75	75	75	75
76	76	76	76	76	76	76	76
77	77	77	77	77	77	77	77
78	78	78	78	78	78	78	78
79	79	79	79	79	79	79	79
80	80	80	80	80	80	80	80
81	81	81	81	81	81	81	81
82	82	82	82	82	82	82	82
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88	88	88	88	88	88	88	88
89	89	89	89	89	89	89	89
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91	91	91	91	91	91	91	91
92	92	92	92	92	92	92	92
93	93	93	93	93	93	93	93
94	94	94	94	94	94	94	94
95	95	95	95	95	95	95	95
96	96	96	96	96	96	96	96
97	97	97	97	97	97	97	97
98	98	98	98	98	98	98	98
99	99	99	99	99	99	99	99
100	100	100	100	100	100	100	100

52 5533

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5533
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELIZABETH

SANTORIO

2. DATE
OF
DEATH

June 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Johns Hopkins Hospital

C. Length of stay in Baltimore

6 YRS.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

CHILD

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

MICHAEL SANTORO

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1409 Bank Street

8. DATE OF BIRTH

MAY 11 1942

9. AGE (In years
last birthday)

9.

If Under 1 Year Months: Days Hours: Min.

11. BIRTHPLACE (State or foreign country)

BROOKLYN, New York

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

JENNIE SORIA

17. INFORMANT

ADDRESS

MICHAEL SANTORO 1409 Bank St.

18. E812.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Crushing injury of head

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Bank and Caroline Streets 3-1

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by truck

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

June 13, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

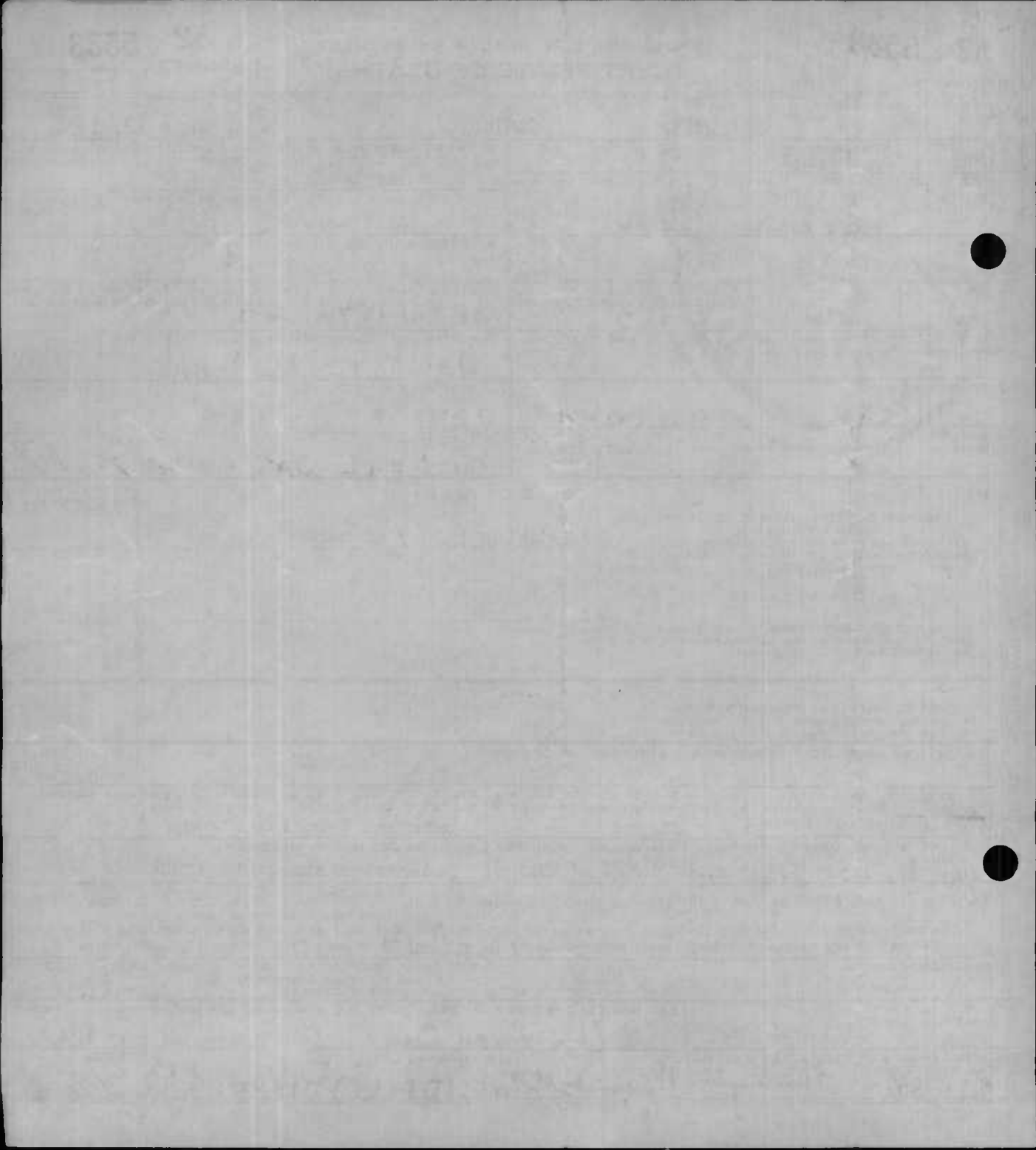
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



652
52 5534BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5534

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mrs Elizabeth Baringer

2. DATE
OF
DEATH

6/13/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Bon Secours Hospital

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

20-02

D. STREET ADDRESS (If rural, give location)

2106 West Baltimore St.

c. Length of stay in Baltimore

20 Yr.

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1/17/82

9. AGE (In years
last birthday)

70

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House Wife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

N.Y., Kingston

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Conrad Hildebrant

14. MOTHER'S MAIDEN NAME

Elizabeth Steinhauser

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

mo

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

P.S. Baringer, D.D., 2106 W. Balto. St.

18. 151X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

carcinoma

(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

Ca of stomach

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

6-13-52

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of stomach

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-30 1952 to 6-13 1952 that I last saw the
deceased alive on 6-13 1952 and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Evan Mendez

M. D.

23B. ADDRESS

2025 W. Fayette

23C. DATE SIGNED

6-13-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 18, 1952

24C. NAME OF CEMETERY OR CREMATORY

Montrose

24D. LOCATION (City, town, or county)

Kingston, N.Y.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Frederick A. Cole, 1913 W. Balto. St.

ADDRESS



60
52 5535CERTIFICATE COMPLETED 7/14/52
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5535
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		MARY SCHEINER		June 13, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		A. STATE Maryland			
C. Length of stay in Baltimore Life		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 7-02			
5. SEX Female		6. COLOR OR RACE White		D. STREET ADDRESS (If rural, give location) 624 N. Port Street	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH July 1, 1875		9. AGE (in years last birthday) 76	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Asst. House Keeper, Retired, So. Hotel		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore	
13. FATHER'S NAME John Schiener		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 212-24-9936		17. INFORMANT Mrs Ruth Hachtel 2 S. Monroe St.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease Fracture of skull with cerebral hemorrhage X600X8		CAUSE OF DEATH (A) Contusion of brain (B) Fracture of skull - Contusion of brain (C)		INTERVAL BETWEEN ONSET AND DEATH	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Fracture of skull - Contusion of brain					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 624 N. Port Street 7/2	
21D. TIME (Month) (Day) (Year) (Hour) June 5, 1952 P.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Fell from couch to floor	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley S. Durlacher		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL INVESTIGATOR.....		23C. DATE SIGNED June 13, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 16, 1952		24C. NAME OF CEMETERY OR CREMATORY Parkwood	
24D. LOCATION (City, town, or county) (State) Baltimore		24E. NAME OF CEMETERY OR CREMATORY Parkwood		24F. LOCATION (City, town, or county) (State) Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR JUN 16 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Lester H. Cole, 1913 W. Balto. St.	

See Document File 52-5535.

Letter from Dr. Stanley H. Durlacher
Asst. Medical Examiner

26

52 5536

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5536

Registered No.

BIRTH NO. <i>10785</i>		2. DATE OF DEATH <i>June 15, 1952</i>	
1. NAME OF DECEASED (Type or Print) <i>Alan D. Parker</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Va.</i> B. COUNTY <i>Norfolk</i>	
3. PLACE OF DEATH: A. <i>Baltimore City, Maryland</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>1008 Brandon Ave. -7- Apr 5-B</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Agnes Hospital</i>		D. STREET ADDRESS (If rural, give location)	
c. Length of stay in Baltimore		Yrs. Mos. Days	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S</i>	B. DATE OF BIRTH <i>Mar. 6, 1952</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (in years last birthday) <i>3</i>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Virginia</i>	
13. FATHER'S NAME <i>Arthur O. Jr.</i>		12. CITIZEN OF WHAT COUNTRY? <i>✓</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME <i>Patsy McHone</i>	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

18. <i>490X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Severe Toxic</i> DUE TO (B) <i>Bilateral Pneumonia</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>3 day</i>
--	--	--

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
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19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *6/15 (5:00 AM) 52*, *(7:00 AM) 15*, 19 *52* that I last saw the deceased alive on *6/15*, 19 *52* and that death occurred at *6:00 AM*, from the causes and on the date stated above.

23A. SIGNATURE <i>Victor F. King</i>	23B. ADDRESS <i>St Agnes Hosp</i>	23C. DATE SIGNED <i>6/15/52</i>
---	--------------------------------------	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>6/17/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>P</i>	24D. LOCATION (City, town, or county) (State) <i>NORFOLK VA.</i>
--	-----------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 16 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS <i>M. FAHEY & SONS 401 SUFFOLK Rd.</i>
--	---	--

STATE OF NEW YORK

IN SENATE
January 1, 1902

REPORT
OF THE
COMMISSIONER OF THE LAND OFFICE
IN RESPONSE TO A RESOLUTION
PASSED BY THE SENATE
MAY 1, 1899

ALBANY:
J. B. LIPPINCOTT & CO. PRINTERS
1902

250
52 5537BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5537

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Thomas J. Rogan

2. DATE
OF
DEATH

June 12/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

C. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

16-08

D. STREET ADDRESS (If rural, give location)

700 N. Augusta Ave.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

Yrs.
Mos.
Days

8. DATE OF BIRTH

March 19/94

9. AGE (in years last birthday)

58

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Telegraph Operator

10B. KIND OF BUSINESS OR INDUSTRY

B. & O. R.R.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas M. Rogan

14. MOTHER'S MAIDEN NAME

Mary McConnill

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Catherine Rogan, 700 N. Augusta Ave

18. 420.1

CAUSE OF DEATH

Ave

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary thrombosis

Seconds

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Coronary Artery Disease

Years

(C) DUE TO

Hypertensive Cardio Vascular Disease

Years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Pseudo Hypertension

Years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 1952 to June 12, 1952 that I last saw the deceased alive on June 10, 1952, and that death occurred at 12:20 p. m., from the causes and on the date stated above.

23A. SIGNATURE

James J. Nolan

M. O.

23B. ADDRESS

6014 Edmondson Ave. Catonsville Md. 611352

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

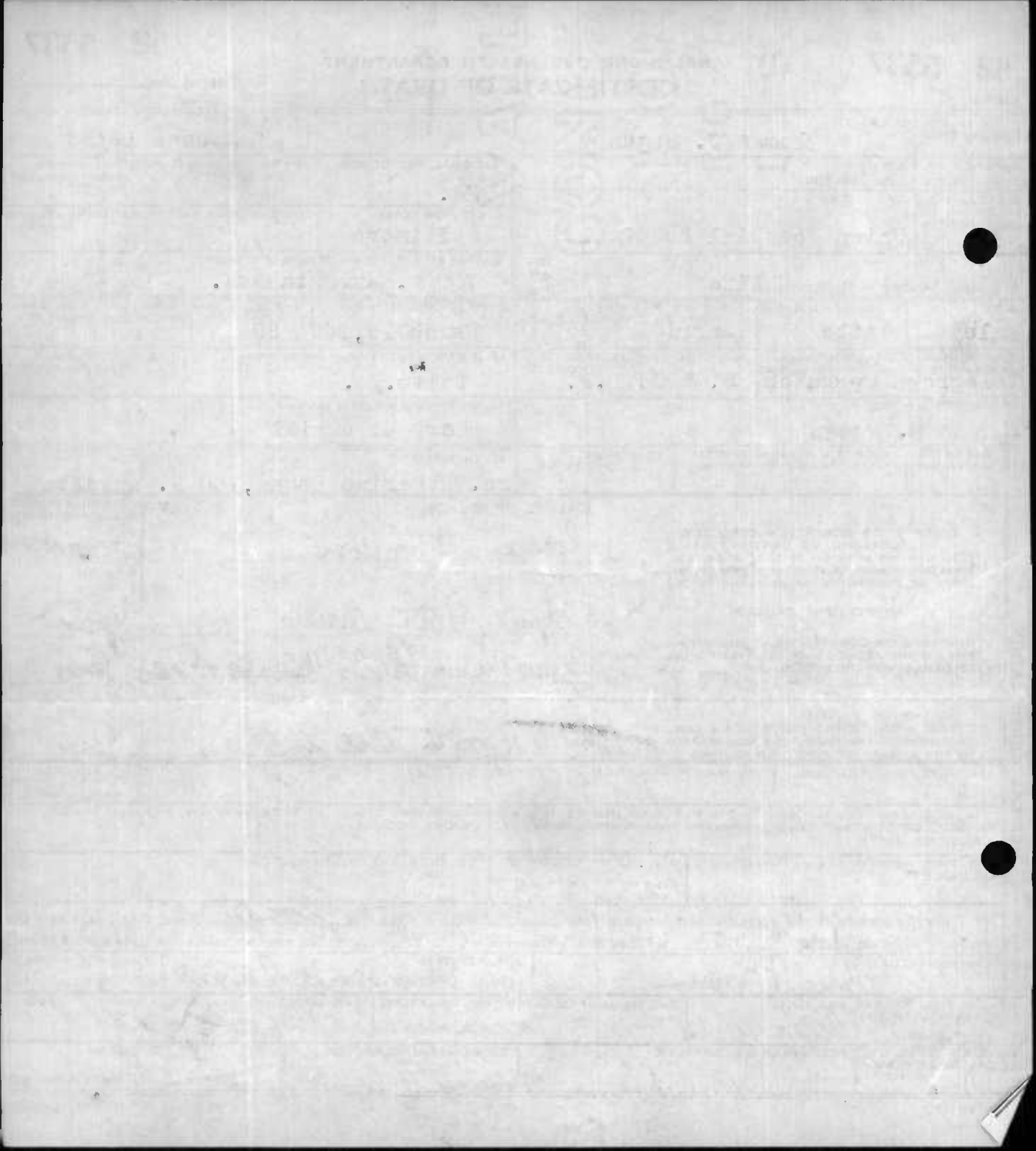
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 18 1952

Huntington W. Hiqua, M.D. 4101 Edmondson Ave



124

52 5538

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5538
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ruth E Blackwell

2. DATE OF DEATH
JUN 15 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

S. C.

B. COUNTY

V-37

C. CITY OR TOWN

Columbia

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

4100 Trenholm Road

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

1B.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Brain Tumour

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT ☐ WORKNOT WHILE ☐ AT WORK

22. I hereby certify that I attended the deceased from 5-31-1952 to 6-15-1952 that I last saw the deceased alive on 6-15-1952 and that death occurred at 442 Am., from the causes and on the date stated above.

23A. SIGNATURE

J. M. O'Neal

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

6/15/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 16 1952

Huntington Williams, M.D.

Edmund J. Ticker & Sons, Inc. North & Pratt

8/27/58

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

WASH. D.C.

TO: SAC, ALBANY

FROM: SAC, ALBANY

SUBJECT: [Illegible]

RE: [Illegible]

DATE: [Illegible]

BY: [Illegible]

APPROVED: [Illegible]

FORWARDED: [Illegible]

COPIES: [Illegible]

REMARKS: [Illegible]

FILED: [Illegible]

INDEXED: [Illegible]

52 5539

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5539

1. NAME OF DECEASED (Type or Print)		JOSEPH WEBER		2. DATE OF DEATH June 13, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
5. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 5-01			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 5 N. Exeter Street			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday) 60?	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					

23A. SIGNATURE H. H. H. H. H.		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED June 13, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 6/16/52		24C. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		24E. FUNERAL DIRECTOR H. H. H. H. H.		24F. ADDRESS 318 Light	
DATE RECEIVED BY LOCAL REGISTRAR JUN 16 1952		REGISTRAR'S SIGNATURE H. H. H. H. H.		25. FUNERAL DIRECTOR ADDRESS	

Father Martin
St. Vincent's

600

52 5540

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5540
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sarah Carr

2. DATE
OF
DEATH

June 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION 2449 Shirley Ave4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 15-12

D. STREET ADDRESS (If rural, give location)

2501 Keyworth Ave

c. Length of stay in Baltimore

40 yrs

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

1886

9. AGE (in years
last birthday)

66

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House Wife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Lithuania

12. CITIZEN OF
WHAT COUNTRY?
USA.

13. FATHER'S NAME

Samuel Hirshovitz

14. MOTHER'S MAIDEN NAME

Ida ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mrs Hilda Silverman 2501 Keyworth Ave

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Thrombosis

12 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic C.V. Disease

3 years

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

none

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from JUNE 1, 1949, to JUNE 15, 1952, that I last saw the
deceased alive on JUNE 15, 1952, and that death occurred at 2:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Manuel Lerm, M.D.

M. D.

23B. ADDRESS

9818 Reisterstown Rd

23C. DATE SIGNED

6/15/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

June 16, 1952

Anshei Emunah Congregation Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS 1126 W

JUN 16 1952

Huntington Williams, M.D.

Sol Silverman Bus North ave

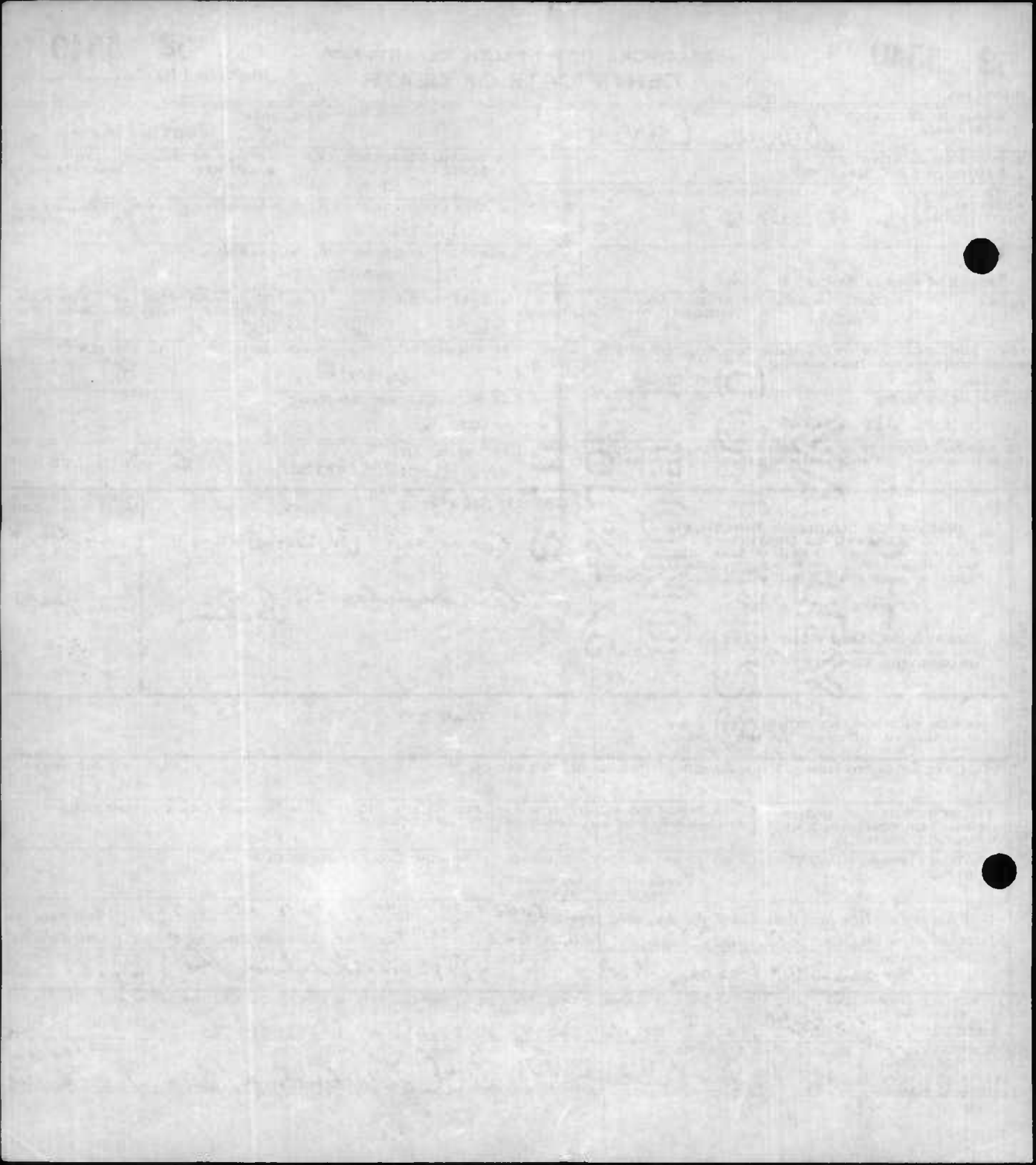
VS 150

5200055317

0100 50

ALBERT J. HARRIS JR. (1900-1960)
HARRIS JR. ALBERT J.

0100 50



420

52 5541

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5541

Registered No.

1. NAME OF DECEASED (Type or Print) MILLS, CENTRAL			2. DATE OF DEATH 6-13-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY 19-01		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Franklin Sq. Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO		
c. Length of stay in Baltimore not known			D. STREET ADDRESS (If rural, give location) 1704 W. PIERCE ST		
5. SEX M	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-5-1886	9. AGE (in years last birthday) 66	If Under 1 Year Months: 1 Days: 8
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None LABORER GEN.			11. BIRTHPLACE (State or foreign country) South Carolina		
13. FATHER'S NAME BRISTOL			12. CITIZEN OF WHAT COUNTRY? YOUNG		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS		

18. 177X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) Balance of psychonephritis & hydropneumonia DUE TO (B) Carcinoma prostate DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 6 months ?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 1-14-52		19B. MAJOR FINDINGS OF OPERATION Carcinoma prostate		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-13 , 19 52 , to 6-13 , 19 52 that I last saw the deceased alive on 6-13 , 19 52 and that death occurred at 10 A.m. , from the causes and on the date stated above.					
23A. SIGNATURE James A. Hayes		23B. ADDRESS M. D. Franklin Sq. Hosp.		23C. DATE SIGNED 6-13-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Funeral		24B. DATE 6-17-52		24C. NAME OF CEMETERY OR CREMATORY M. C. Bee	
24D. LOCATION (City, town, or county) (State) South Carolina		25. FUNERAL DIRECTOR ADDRESS James A. Hayes, 638 N. Johnson			
DATE RECEIVED BY LOCAL REGISTRAR JUN 16 1952					

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1186

9

1187

9



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52 5543
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5543

1. NAME OF DECEASED (Type or Print) Eck, Lillian Christine		2. DATE OF DEATH June 12, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN Baltimore #24	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 24 S. Potomac Street	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH June 6, 1899
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Own home	
13. FATHER'S NAME Christian Schreiber		14. MOTHER'S MAIDEN NAME Minnie Koepper	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 215-10-6740	
17. INFORMANT 748 West Hills Drive - 29 Harry E. Eck, Jr.		12. CITIZEN OF WHAT COUNTRY? USA	
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive C.V. Disease DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from June 3 , 1952 to June 12 , 1952, that I last saw the deceased alive on June 12 , 1952, and that death occurred at 12:40 pm. , from the causes and on the date stated above.			
23A. SIGNATURE E. P. Coffey Jr.		23B. ADDRESS 1400 N. Caroline Street	
23C. DATE SIGNED June 12, 1952			
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 6/16/52	
24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 16 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.		ADDRESS BALTO., MD.	

2453 - 56

2453 - 56



200

5544

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5544
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Albert Meck</i> ALBERT P. MECH		2. DATE OF DEATH <i>6-13-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore, Md.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>St Agnes Hospital</i>		C. CITY OR TOWN - (If outside corporate limits, write RURAL and give township) <i>Baltimore, Md 27-44</i>	
c. Length of stay in Baltimore <i>43 yrs</i>		D. STREET ADDRESS (If rural, give location) <i>3302 Mary Ave #14</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>11-14, 1908</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Profr. Mng. National Can Co.</i>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>George P. Mech</i> (M)		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>215-09-6236</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		14. MOTHER'S MAIDEN NAME <i>Theresa E. Lutz</i>	
17. INFORMANT <i>Mrs. Lillian G. Mech</i>		ADDRESS <i>14</i>	

18. <i>204.0</i>	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Chronic Lymphatic Leukemia</i>		
ANTECEDENT CAUSES	(B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>6/13</i> , 19 <i>52</i> , to <i>6/13</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>6/13</i> , 19 <i>52</i> , and that death occurred at <i>11 A</i> m., from the causes and on the date stated above.		
23A. SIGNATURE <i>Les N. Lutz, Jr.</i> M. D.	23B. ADDRESS <i>St. Agnes Hosp.</i>	23C. DATE SIGNED <i>6/18/52</i>

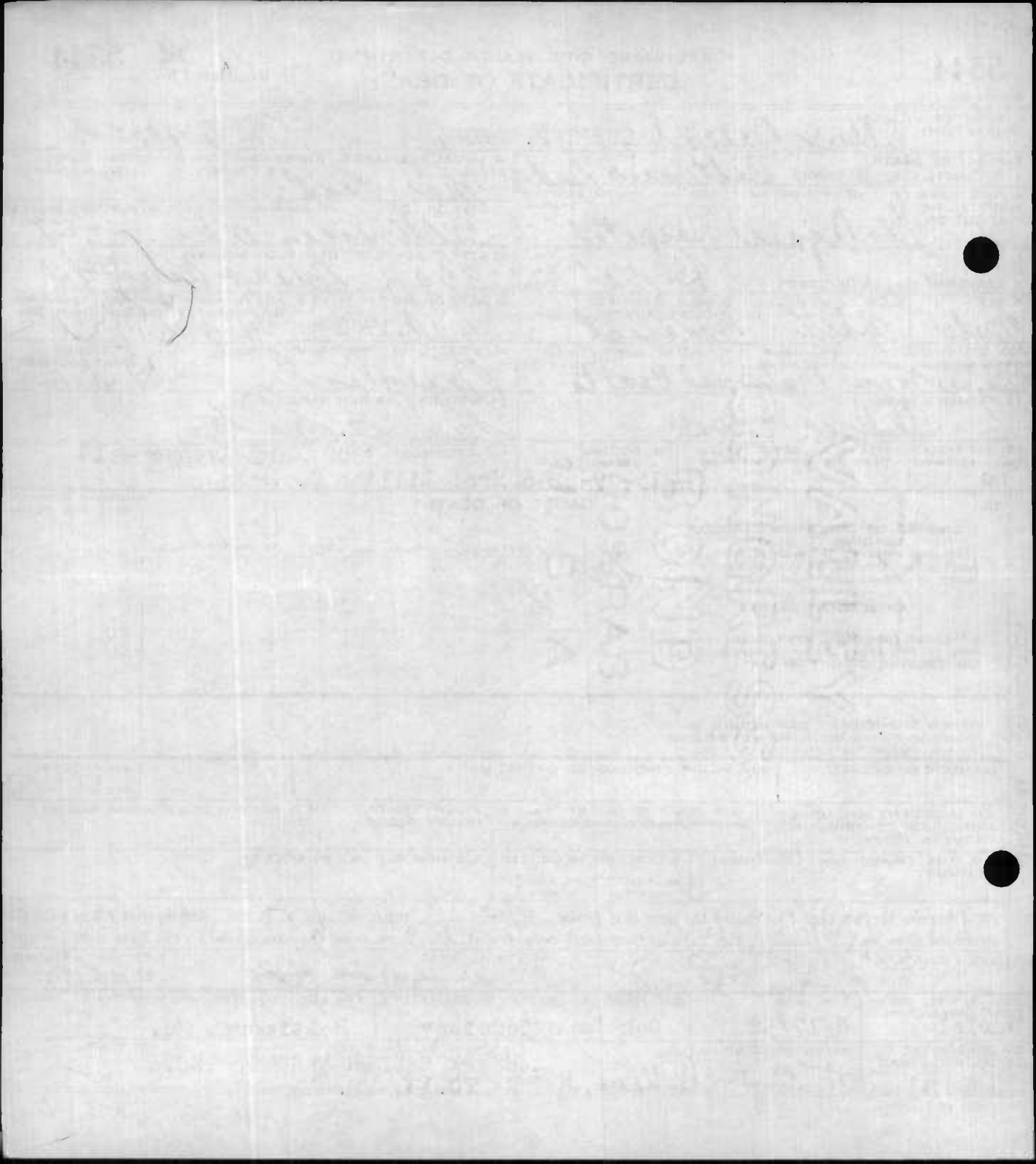
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24B. DATE <i>6/17/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Oak Lawn Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 16 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS <i>HENRY SANDER & SONS, INC. BALTO. 13, MD.</i>	

VS 150

290 3D

Henry J. Sander

MEDICAL CERTIFICATION



52 5545

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5545

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LOUIS KRAMER

2. DATE
OF
DEATH

6-15-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Levondale

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE B. COUNTY

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-17

D. STREET ADDRESS (If rural, give location)

Levondale

C. Length of stay in Baltimore

52 Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9. AGE (In years
last birthday)

52

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Tailor

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Not Known

14. MOTHER'S MAIDEN NAME

Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hospital records

18. 002X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Tuberculous pneumonia
DUE TOINTERVAL BETWEEN
ONSET AND DEATH

14 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nosauke, 1940, to 6-15, 1952 that I last saw the
deceased alive on 6-15, 1952 and that death occurred at 3:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Anny Nagel

M. D.

23B. ADDRESS

Levondale Home

23C. DATE SIGNED

6-15-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6-16-52

24C. NAME OF CEMETERY OR CREMATORY

Mt Carmel

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

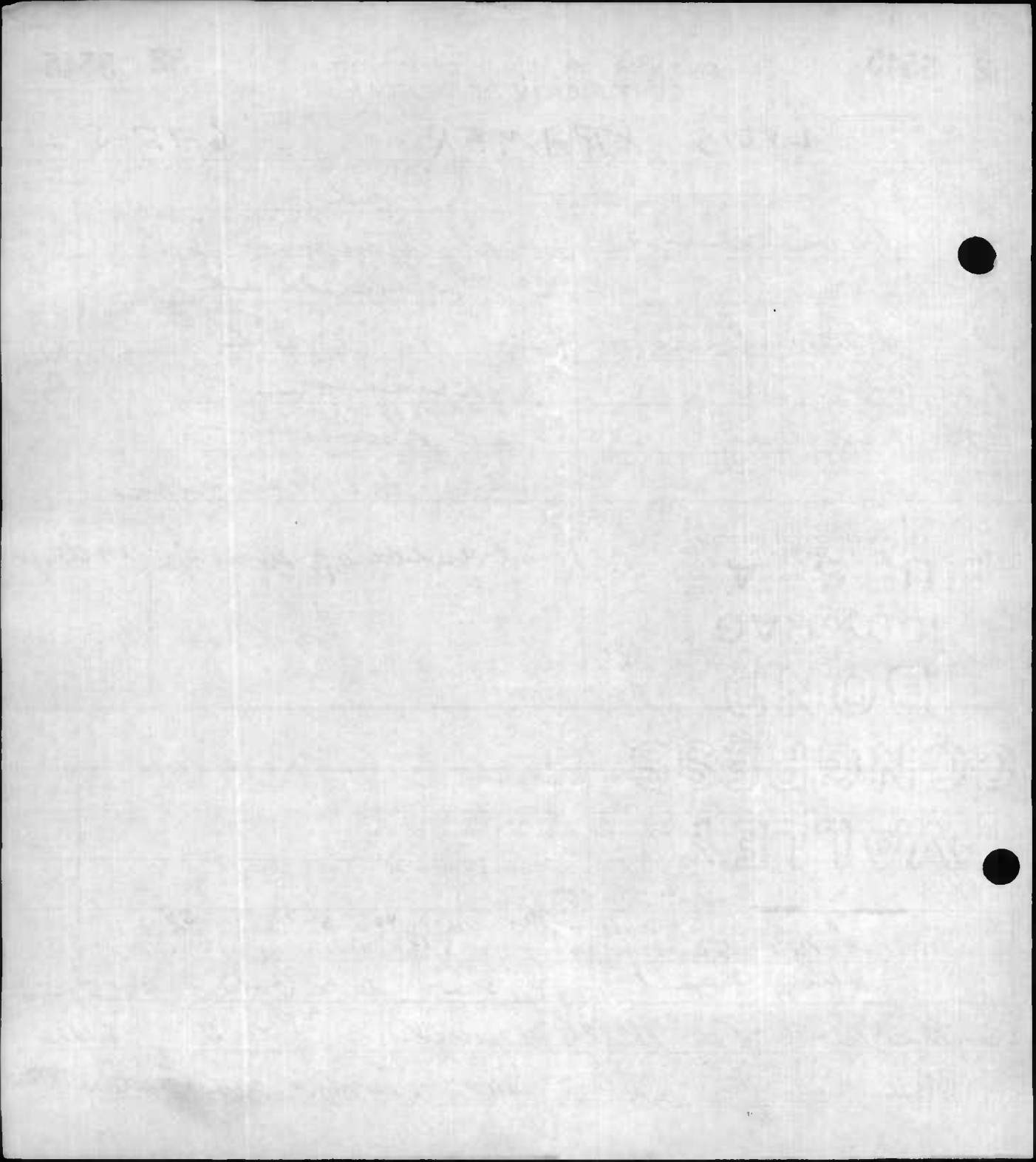
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Levine, 2100 Canton Rd

ADDRESS



021
52 5546

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5546

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ROSE KRUCOFF		2. DATE OF DEATH 6/15/1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MARYLAND B. COUNTY 15-10	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 3810 SEQUOIA AVE		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO.	
c. Length of stay in Baltimore 46 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) MARYLAND-3810 Sequoia	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME NOT KNOWN		11. BIRTHPLACE (State or foreign country) RUSSIA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME NOT KNOWN	
17. INFORMANT		ADDRESS MAXWELL KRUCOFF - SAME	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) coronary thrombosis DUE TO	INTERVAL BETWEEN ONSET AND DEATH 1 day
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) coronary insufficiency DUE TO	1 year
	(C) general arteriosclerosis DUE TO	?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 6/1 , 19 52 , to 6/15 , 19 52 , that I last saw the deceased alive on 6/15 , 19 52 , and that death occurred at 9:15 p.m. , from the causes and on the date stated above.		
23A. SIGNATURE [Signature]	23B. ADDRESS M. D. 2320 Eutaw Rd	23C. DATE SIGNED 6/16/52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/16/52	24C. NAME OF CEMETERY OR CREMATORY Mt. Carmel	24D. LOCATION (City, town, or county) (State) Balto Md.
DATE RECEIVED BY LOCAL REGISTRAR JUN 16 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Jack Lewis ADDRESS 2190 Eutaw Pl.	

MEDICAL CERTIFICATION

Zuckerg
2370 E. 1st Ave

52 5547

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5547
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DARBY, JOSEPH

2. DATE
OF
DEATH

June 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTIMORE.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Mercy Hospital

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years,
last birthday)11 Under 1 Year
Months: Days
11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Darby (M)

14. MOTHER'S MAIDEN NAME

Elizabeth McClan

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 026X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

Syphilitic meningoradiculitis
PneumoniaINTERVAL BETWEEN
ONSET AND DEATH

18 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

DUE TO

DUE TO

Gamma of the Train

Secondary internal hydrocephalus

5 years

2 years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from May 26, 1952, to June 13, 1952, that I last saw the
deceased alive on June 12, 1952, and that death occurred at 2:55 p.m., from the causes and on the date stated above.

23A. SIGNATURE

C. Rothberg

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

June 13, 52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 16 1952

Huntington Williams, M.D. William A. Jackson, 918 Penn Ave

432

52 5548

SLOTKE
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5548
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ida R Slotke

2. DATE
OF
DEATH

June 13/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4802 Richard

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE Md B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balls 27-03D. STREET ADDRESS (If rural, give location)
4802 Richard Ave.

C. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Dec 9/1888

9. AGE (in years
last birthday)

63

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

seamstress

10B. KIND OF BUSINESS OR
INDUSTRY

Clothing

11. BIRTHPLACE (State or foreign country)

Balls

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John D Slotke

14. MOTHER'S MAIDEN NAME

May A Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

John Slotke 4802 Richard Ave

ADDRESS

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Vascular disease

INTERVAL BETWEEN
ONSET AND DEATH

2 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1920, 19, to June 13, 1952, that I last saw the
deceased alive on May 19, 1952, and that death occurred at 1A m., from the causes and on the date stated above.

23A. SIGNATURE

Fritz J. Hinz

M. D.

23B. ADDRESS

2700 Norwood Rd JUN 14 52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

June 16/52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Ave

24D. LOCATION (City, town, or county) (State)

Balls

DATE RECEIVED BY
LOCAL REGISTRAR

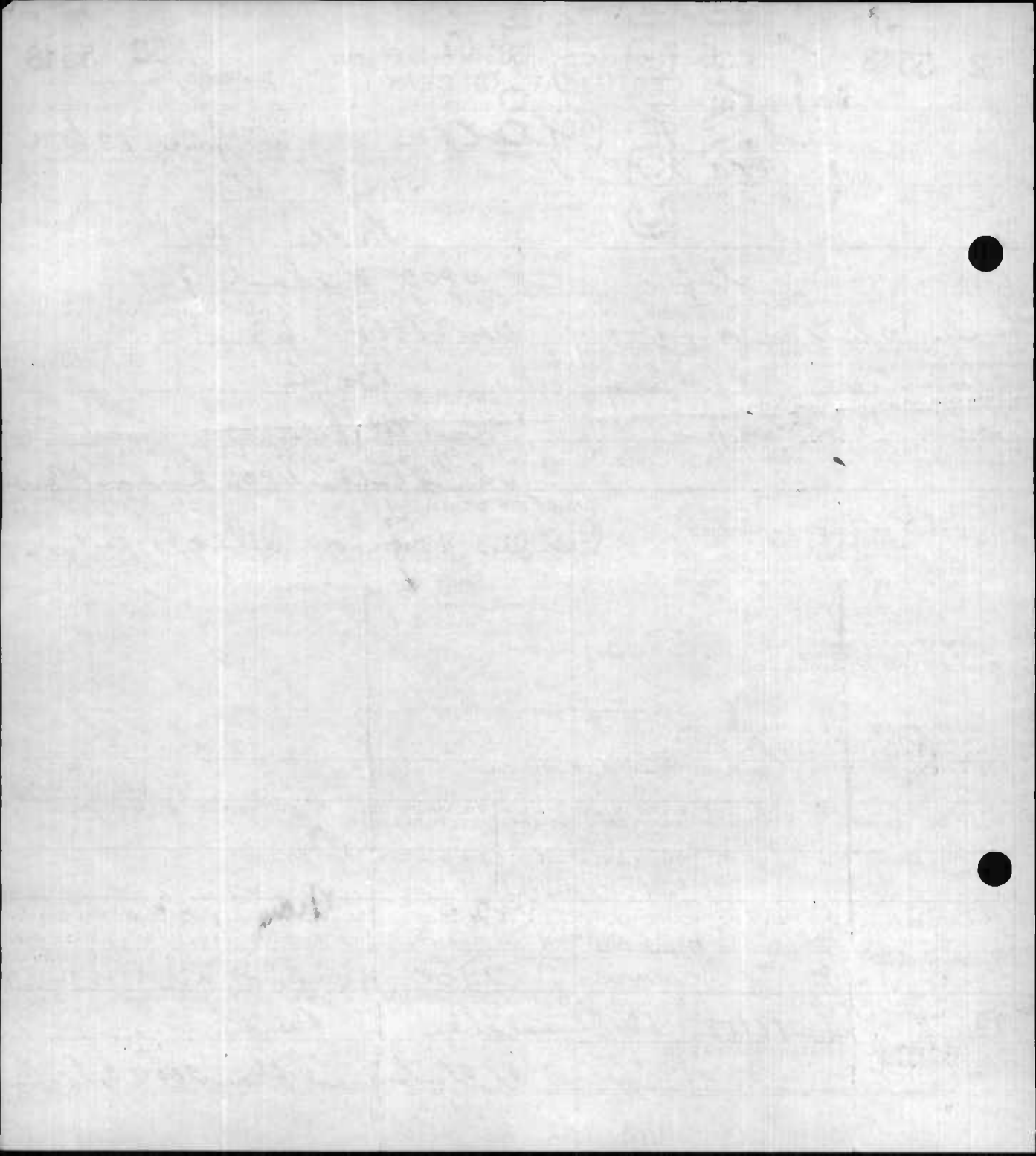
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Ullrich Funeral Home 2004 Calver



415

52 5549

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5549

Registered No.

1. NAME OF DECEASED
(Type or Print)*Bertha L Sullivan*2. DATE
OF
DEATH*June 13/52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

*2729 Jefferson*B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

MD

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Balto**6-02*

D. STREET ADDRESS (If rural, give location)

2729 Jefferson St

C. Length of stay in Baltimore

*life*Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*widow*

8. DATE OF BIRTH

*May 27 1885*9. AGE (In years
last birthday)10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.*67*10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY*at home*

11. BIRTHPLACE (State or foreign country)

*Balto*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Edward Priddy

14. MOTHER'S MAIDEN NAME

*Mary Wiedanzum*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Leonard W Sullivan 2729 Jefferson*18. *331X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)(A) *central hemorrhage*

DUE TO

24 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *arterio-sclerosis*

DUE TO

?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from *May 14*, 19*52*, to *June 13*, 19*52*, that I last saw the
deceased alive on *June 13*, 19*52*, and that death occurred at *3:15 P.* m., from the causes and on the date stated above.

23A. SIGNATURE

L. C. Dobiel

M. D.

23B. ADDRESS

447 N. Kenwood Ave.

23C. DATE SIGNED

*6/14/52*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

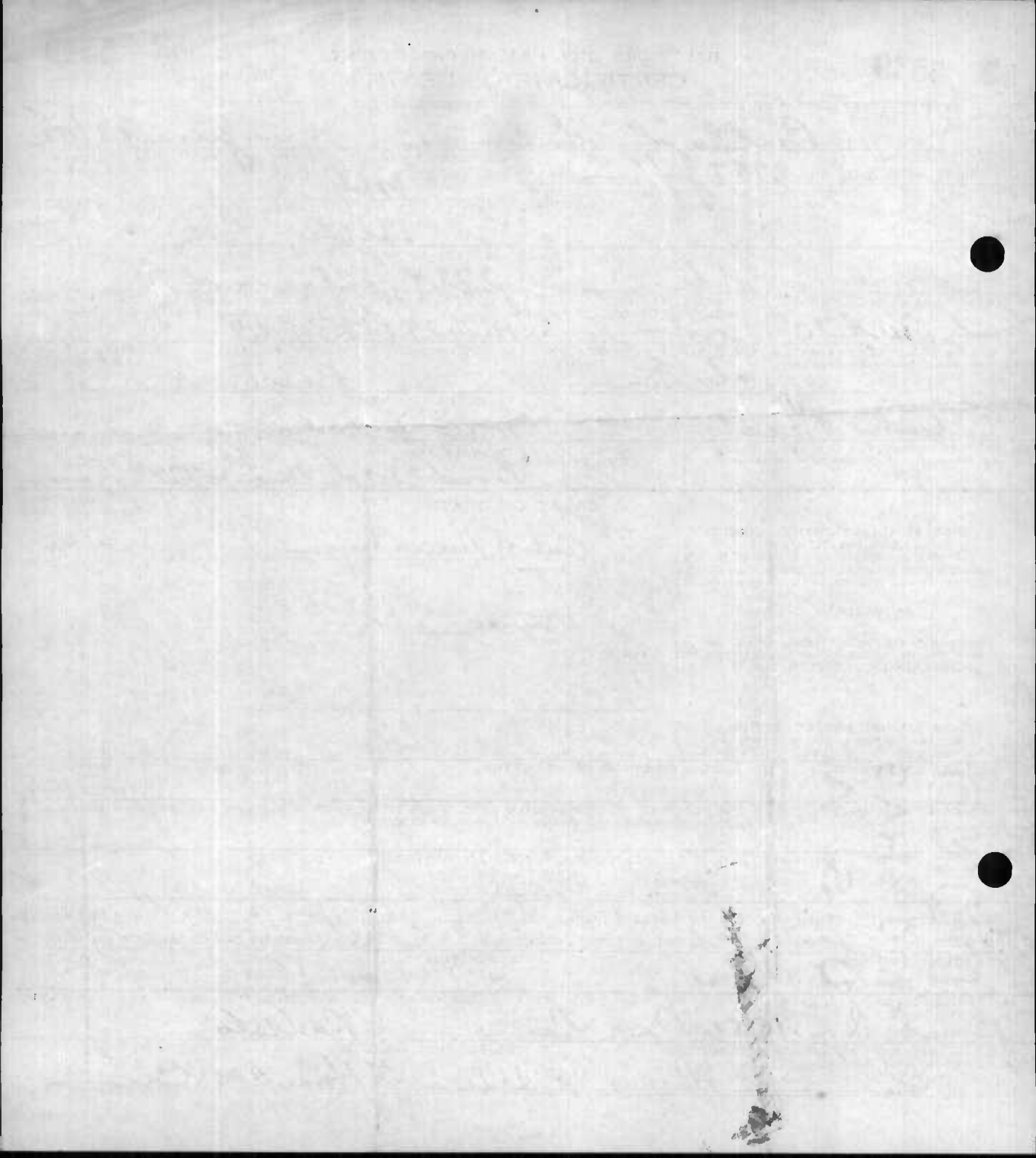
*Burial**June 16/52**Oak Lawn**Balto Co*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*JUN 16 1952**Huntington Williams, M.D.**Ullrich & Home 2004 Calver*



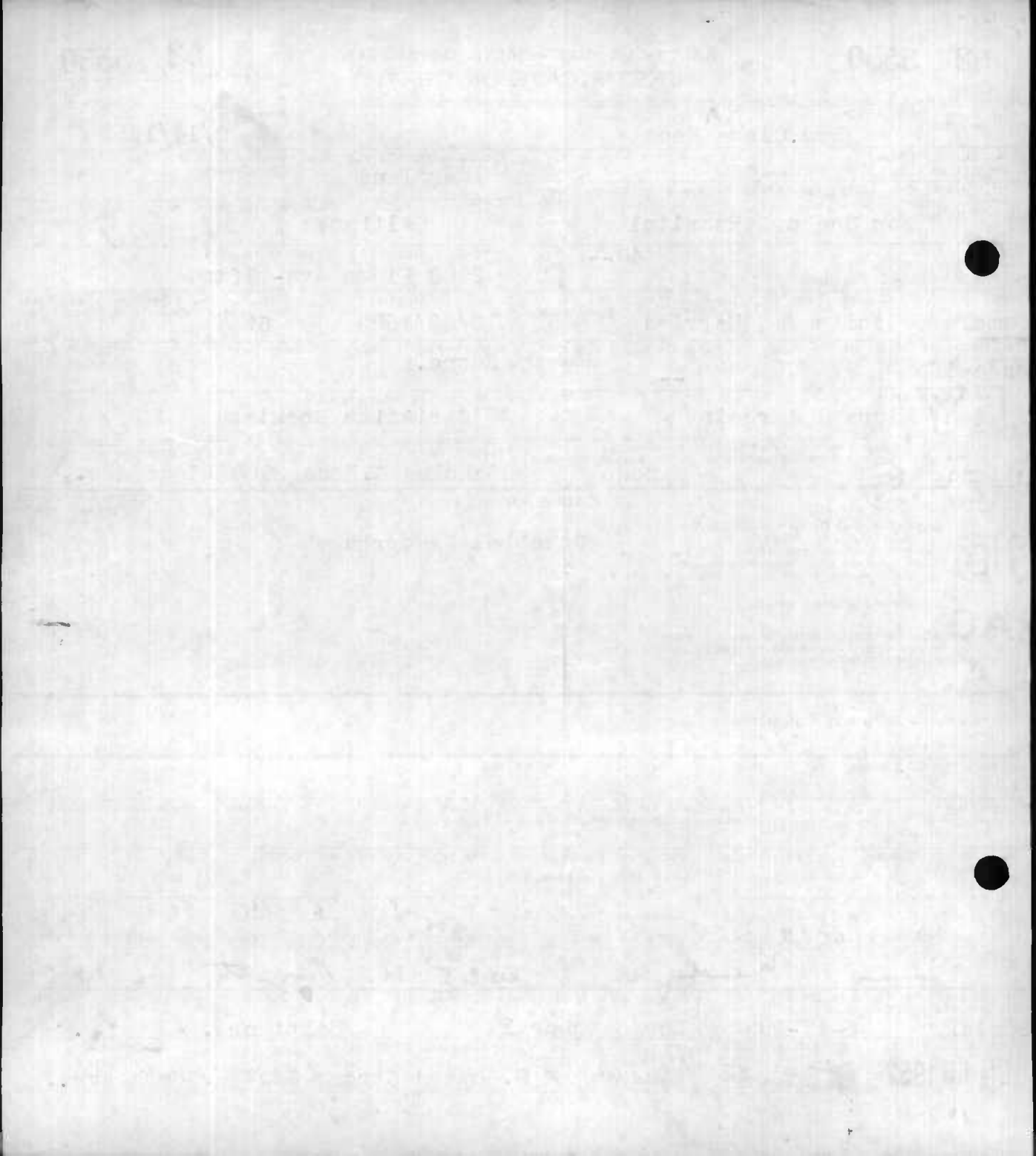
200
52 5550BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5550
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) A. Mrs. Clara Hess			2. DATE OF DEATH 6/14/1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Yes			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bon Secours Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-07		
C. Length of stay in Baltimore 40-- Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2900 Riggs Ave- 16		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10/20/1882	9. AGE (in years last birthday) 69	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10B. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (State or foreign country) Penna.
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME Michael Amrhein		
14. MOTHER'S MAIDEN NAME Christina Boesing			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no		
16. SOCIAL SECURITY NO. none			17. INFORMANT ADDRESS Nicholas A. Hess 2900 Riggs Ave.,		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage (A) DUE TO ANTECEDENT CAUSES (B) DUE TO (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 6-17-1952		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-8-1952 , to 6-14-1952 , that I last saw the deceased alive on 6-14-1952 , and that death occurred at 3:25 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE Huntington Williams, M.D.		23B. ADDRESS 2025 W. Fayette		23C. DATE SIGNED 6-14-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-17-1952		24C. NAME OF CEMETERY OR CREMATORY New Cathedral	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR G. Howard Strong		ADDRESS 3207 W. North Ave.,	
DATE RECEIVED BY LOCAL REGISTRAR JUN 16 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			



320
52 5551BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5551

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Katherine D. Matthews

2. DATE
OF
DEATH

June 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE
Md.

B. COUNTY

before admission)

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Baltimore Gen. Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Catonsville

D. STREET ADDRESS (If rural, give location)

133 S. Symington Ave., 5262

c. Length of stay in Baltimore

40 -- Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 20, 1899

9. AGE (in years
last birthday)

52

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Bookkeeper

10B. KIND OF BUSINESS OR

INDUSTRY
Parking Center, Inc.

11. BIRTHPLACE (State or foreign country)

W. Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Josiah H. Dean

14. MOTHER'S MAIDEN NAME

Kate Poling

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

212-03-9660

17. INFORMANT

ADDRESS

Mrs. Louise S. Cooper Salisbury, Md.

18. 420.0 and 260x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary occlusion

days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerosis heart disease

years

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Diabetes mellitus
Acute glomerulo nephritisyears
days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m. WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-11, 1952, to 6-14, 1952, that I last saw the
deceased alive on 6-14, 1952, and that death occurred at 12:55 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Agustin del Campo, M. D.

1213 Light street

6-14-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

6-17-1952

Loudon Park

Baltimore.

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 16 1952

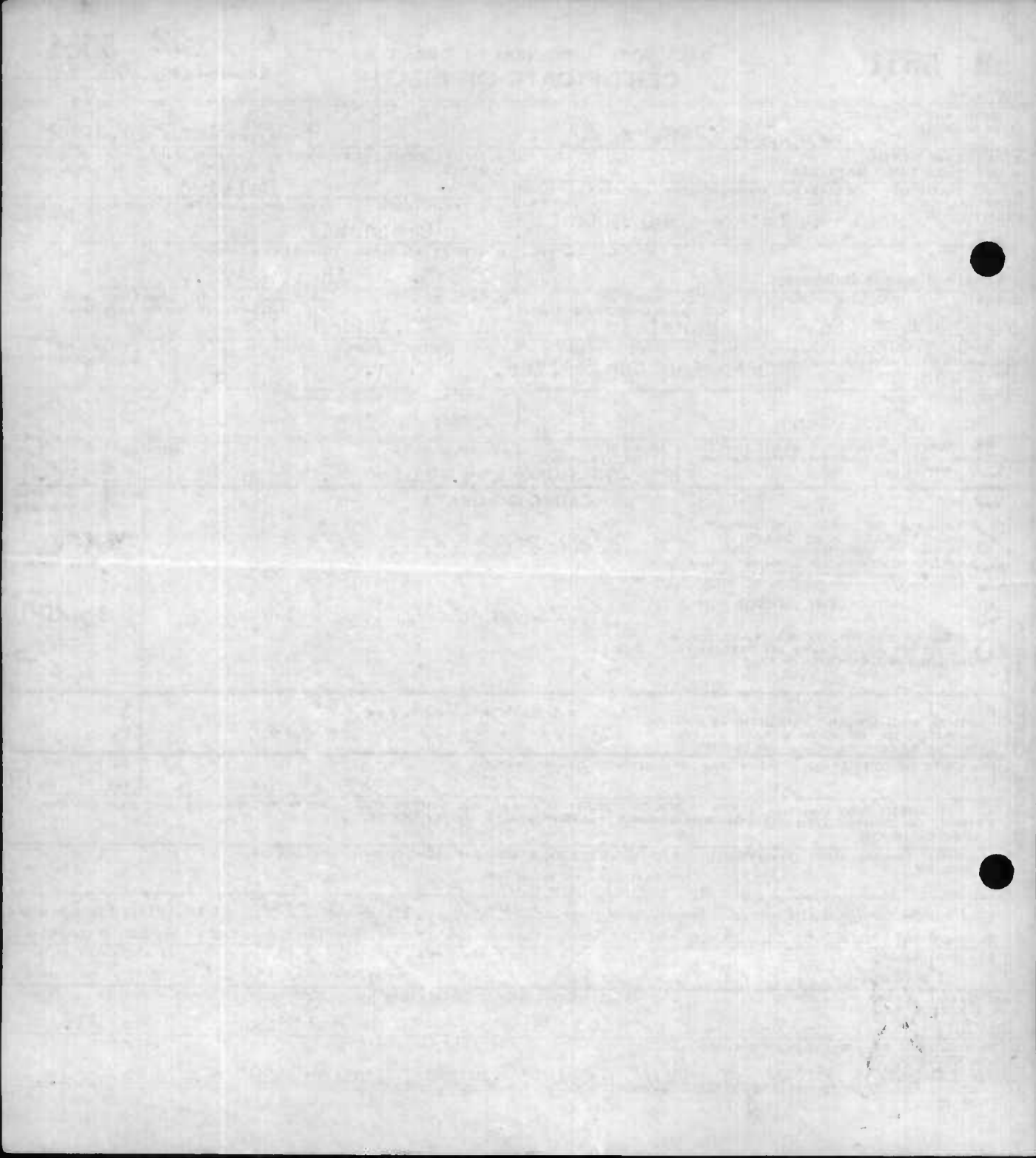
Huntington Williams, M.D.

G. Howard Strong 3207 W. North Ave.,

VS 150

31083

MEDICAL CERTIFICATION



315

52 5552

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5552
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Stevens William F.</u>			2. DATE OF DEATH <u>June 14, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>So. Balto. General Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Catonsville</u>		
C. Length of stay in Baltimore <u>64</u> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>5 Stanley Drive</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1/2/1888</u>		9. AGE (in years last birthday) <u>64</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Taxi Cab Dispatcher</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Junction Cab Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Md.</u>
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME <u>Robert Stevens</u>		
14. MOTHER'S MAIDEN NAME <u>Eliza J. Joyce</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowns) (If yes, give war or dates of service) <u>no</u>		
16. SOCIAL SECURITY NO. <u>212-22-9815</u>			17. INFORMANT ADDRESS <u>Mrs. Mary A. Stevens 5 Stanley Drive</u>		

18. <u>162X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Bronchogenic Carcinoma w Metastasis</u>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>Arteriosclerotic Cardiovascular Disease</u>		

19A. DATE OF OPERATION <u>7</u>		19B. MAJOR FINDINGS OF OPERATION		20. 'AUTOPSY'? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 14, 1952</u> , to <u>June 14, 1952</u> , that I last saw the deceased alive on <u>June 14, 1952</u> , and that death occurred at <u>1:15 pm.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Yung-tsing Wong</u>		23B. ADDRESS <u>1213 Light Street</u>		23C. DATE SIGNED <u>June 14, 1952</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>6-17-1952</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Loudon Park</u>	24D. LOCATION (City, town, or county) (State) <u>Baltimore Md.</u>		
DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 16 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams</u>	25. FUNERAL DIRECTOR <u>Howard Strong</u> ADDRESS <u>3207 W. North Ave.</u>			

MEDICAL CERTIFICATION

322 54

100

100

RECEIVED BY THE SECRETARY OF THE ARMY

OFFICE OF THE SECRETARY OF THE ARMY

100



CERTIFICATE CORRECTED

6-16-52

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 52 5553

52 5553

BIRTH NO.

1. NAME OF DECEASED (Type or Print) HERCHEL BOWEN		2. DATE OF DEATH June 15, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION S. Balt. General Hosp		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 22-01	
7. Length of stay in Baltimore Yrs. Mos. Days		8. STREET ADDRESS (If rural, give location) 117 E. CHURCHILL ST.	
9. SEX M	10. COLOR OR RACE W	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	12. DATE OF BIRTH DEC. 6 1923
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		14. AGE (In years last birthday) 29 28	
15. KIND OF BUSINESS OR INDUSTRY LUMBER CO		16. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
17. FATHER'S NAME ARCHIE BOWEN		18. BIRTHPLACE (State or foreign country) BALTIMORE, MD	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		20. CITIZEN OF WHAT COUNTRY?	
21. SOCIAL SECURITY NO. WW II		22. MOTHER'S MAIDEN NAME SARAH FOWLER	
23. INFORMANT EMMA G. BORTON		24. ADDRESS 117 E. CHURCHILL ST	

18. E 929.8	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Asphyxia due to drowning	
ANTECEDENT CAUSES	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	
	DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HARBOR	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) HANOVER ST BRIDGE
21D. TIME (Month) (Day) (Year) (Hour) INJURY June 15, 1952 1:15 AM	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Drowned while swimming
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE Stanley H. Duncanson	23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	23C. DATE SIGNED June 15, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 6/18/52	24C. NAME OF CEMETERY OR CREMATORY BALTIMORE NATURAL
24D. LOCATION (City, town or county) (State) FREDERICK RD	25. FUNERAL DIRECTOR John F. Denny Inc.	ADDRESS 715 LIGAT ST - 30
DATE RECEIVED BY JUN 16 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
V S 151 N 990X	9706P	

MEDICAL CERTIFICATION

1960

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52 5554

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5554
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) MARTHA PETERSON			2. DATE OF DEATH June 13, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 10-02		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Johns Hopkins Hospital			D. STREET ADDRESS (If rural, give location) 812 N. Caroline Street			c. Length of stay in Baltimore Life Yrs. Mos. Days		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDDED, DIVORCED (Specify) Separated	8. DATE OF BIRTH 4-2-1918		9. AGE (In years last birthday) 34	10. Under 1 Year Months Days	11. Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Balt., Md		
13. FATHER'S NAME Alfred Taylor			14. MOTHER'S MAIDEN NAME Stella Lewis			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Fannie Wilson 1037 Rutland Ave		

18. **E 981X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Bullet wounds of chest**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIB. ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
Home

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
812 N. Caroline Street

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

June 13, 1952 3:30 P.m.

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

Firearms

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

June 14, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1

52 5555

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5555

1. NAME OF DECEASED (Type or Print) JOHN S. LEWIS			2. DATE OF DEATH June 13, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 18-03		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 864 Lemmon Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7/25/1872		9. AGE (in years last birthday) 79
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter			10B. KIND OF BUSINESS OR INDUSTRY Beckett		11. BIRTHPLACE (State or foreign country) Baltimore Md
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) -			16. SOCIAL SECURITY NO. -		
			17. INFORMANT Mrs Maggie A. Lewis Lemmon		

18. **422.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Arteriosclerotic cardiovascular disease**

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☒
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

June 14, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS, ST.

JUN 16 1952**Huntington Williams, M.D.****John J. Bowman & Son, Holkins**

650

52 5550-145785

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5556

Registered No.

1. NAME OF DECEASED
(Type or Print)

George Daniel Dorn

2. DATE
OF
DEATH

June 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION(If not in hospital or institution, give street address or location)
Baltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

Md.

B. COUNTY

before admission)

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL, and give township)

D. STREET ADDRESS (If rural, give location)

1022 Aisquith St.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 31, 1877

9. AGE (In years
last birthday)

74

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

NO A-2 TRUCK DRIVER

FURNITURE

13. FATHER'S NAME

John Dorn

(M)

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Josephine Harrison

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. Records, 4940 Eastern Ave.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Myocardial Infarction

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

5 min.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Hypertensive Arteriosclerotic
Cardiovascular Disease.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-9-51, 19, to June 13, 1952, that I last saw the
deceased alive on June 13, 1952, and that death occurred at 10.10AM from the causes and on the date stated above.

23A. SIGNATURE

G. D. Cloz

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

6-14-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burial June 17, 1952 Woodlawn Cemetery Baltimore Md

Huntington Williams, MD Edward J. Conklin 924 E. Eager St.

24

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111

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400

52 5557

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5557

Registered No.

1. NAME OF DECEASED (Type or Print) <i>William H. Cole</i>		2. DATE OF DEATH <i>6/18/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland Gen. Hosp</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>27-15</i>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>2211 Rogers Ave</i>	
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Wid.</i>	8. DATE OF BIRTH <i>May 15, 1869</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) <i>83</i>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Ba./t. Maryland</i>	
13. FATHER'S NAME <i>Samuel T. Cole</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mrs. Mamie B. Fisher - 2211 W. Rogers Ave.</i>		ADDRESS	

18. *521X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Toxemia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Abscess of Rt Lung which dissected Retro Pleurally upward into Neck

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *6/2*, 19*52*, to *6/17*, 19*52*, that I last saw the deceased alive on *6/17*, 19*52*, and that death occurred at *10:45 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

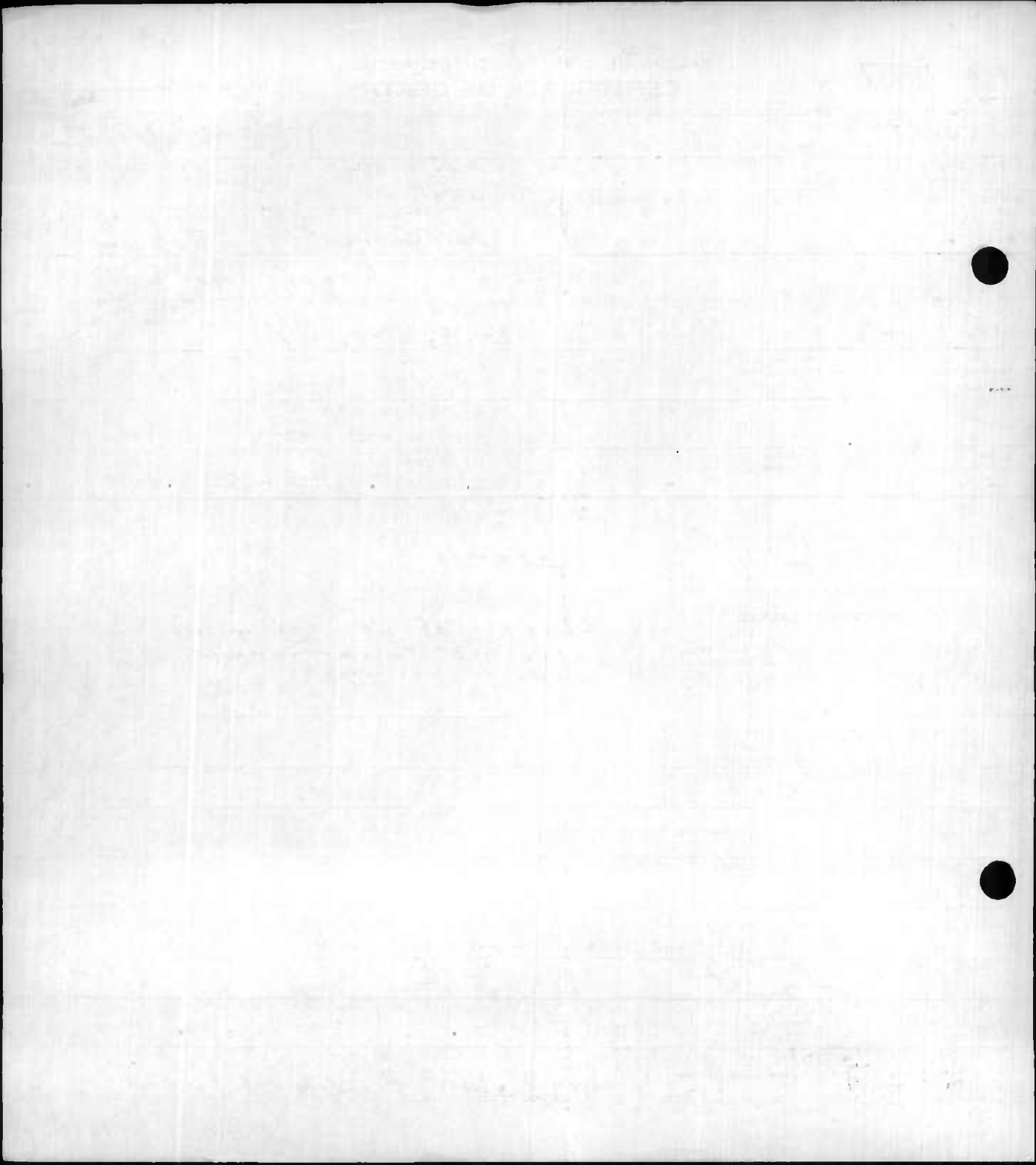
ADDRESS

JUN 16 1952

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Balto 17 Md.



350

52 5558

Godwin
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5558
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*DANIEL A. GODWIN*2. DATE
OF
DEATH*June 14, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland ☒B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION *Maryland General Hospital*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1923 Langwood St.

C. Length of stay in Baltimore

*2 1/2 hr*Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

*white*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*unmarried*

8. DATE OF BIRTH

*Jan 21, 1861*9. AGE (In years
last birthday)*91*10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Baggage Agt. Rtd*10B. KIND OF BUSINESS OR
INDUSTRY*Railroad*

11. BIRTHPLACE (State or foreign country)

*md*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas Godwin

14. MOTHER'S MAIDEN NAME

*Amanda Swift*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*no*16. SOCIAL
SECURITY NO.*no*

17. INFORMANT

ADDRESS

*Mrs. W. M. Smyrk - 1923 N. Longwood St.*18. *422.1*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Cardiovascular disease*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

4/9/52

19B. MAJOR FINDINGS OF OPERATION

prostatitis

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3/6*, 1952 to *6/14*, 1952 that I last saw the
deceased alive on *6/14*, 1952, and that death occurred at *5:30* a.m., from the causes and on the date stated above.

23A. SIGNATURE

Labele Bakhar

M. D.

23B. ADDRESS

Maryland General Hospital 6/14/52

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

6/17/52

24C. NAME OF CEMETERY OR CREMATORY

Spesutia Cem.

24D. LOCATION (City, town, or county)

Perryman, Md.

(State)

DATE RECEIVED BY REGISTRAR'S SIGNATURE

*JUN 16 1952**Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

ADDRESS

*Wm. J. Pickens & Sons**Balto 17, Md.*

02-0
52 5559BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5559
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mr Alice May Frick

2. DATE
OF
DEATH

June 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

1501 Eutaw Pl.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

1501 Eutaw Place (17)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balti.

16-07

D. STREET ADDRESS (If rural, give location)

3015 Brighton St (18)

C. Length of stay in Baltimore

60

Yrs.

Mn.

Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

1865, Aug 1

9. AGE (In years

last birthday)

86

10 Under 1 Year

Months: Days

Hours: Min.

11 Under 24 Hours

Min.

10A. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR

INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Hagerstown Md

12. CITIZEN OF

WHAT COUNTRY?

U.S.

13. FATHER'S NAME

John Sprecher

14. MOTHER'S MAIDEN NAME

Gertrude King

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

-

17. INFORMANT

ADDRESS

Mrs. E. Miller Wikel (Niece) - 1501 Eutaw Pl

18. 422.2

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Broncho-pneumonia - Senility

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

6 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Myocardial Insufficiency.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

None

19A. DATE OF OPERATION

19a. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-21, 1950, to 6-14, 1952, that I last saw the deceased alive on 6-14, 1952, and that death occurred at 12 m., from the causes and on the date stated above.

23A. SIGNATURE

H. Woodcockman

M. D.

23B. ADDRESS

1501 Eutaw Pl (17)

23C. DATE SIGNED

6-15-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/17/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 16 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J. J. Schenker & Sons

Balti 17, Md

1. The first part of the document is a letter from the President of the United States to the Congress, dated January 1, 1861. It is a formal communication, and it is written in a very formal and dignified style. The President expresses his regret that he cannot continue to serve the country, and he expresses his confidence in the future of the country.

2. The second part of the document is a letter from the Vice President of the United States to the Congress, dated January 1, 1861. It is a formal communication, and it is written in a very formal and dignified style. The Vice President expresses his regret that he cannot continue to serve the country, and he expresses his confidence in the future of the country.

3. The third part of the document is a letter from the Secretary of the United States to the Congress, dated January 1, 1861. It is a formal communication, and it is written in a very formal and dignified style. The Secretary expresses his regret that he cannot continue to serve the country, and he expresses his confidence in the future of the country.

4. The fourth part of the document is a letter from the Secretary of the United States to the Congress, dated January 1, 1861. It is a formal communication, and it is written in a very formal and dignified style. The Secretary expresses his regret that he cannot continue to serve the country, and he expresses his confidence in the future of the country.

5. The fifth part of the document is a letter from the Secretary of the United States to the Congress, dated January 1, 1861. It is a formal communication, and it is written in a very formal and dignified style. The Secretary expresses his regret that he cannot continue to serve the country, and he expresses his confidence in the future of the country.

100

332
52 5561BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5561

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM P. STITCHER

2. DATE
OF
DEATH

June 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

5223 Wilton Heights Ave.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write FULL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5223 Wilton Hgts. Ave.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Feb. 1, 1871

9. AGE (in years
last birthday)

61

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Paper Hanger Rtd

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Mary Cassell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

217-09-0666 A

17. INFORMANT

ADDRESS

Miss Lillian Stitcher - 3617 Crossland Ave.

18.

420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Arteriosclerotic Cardis

Vascular Disease

(C)

and Semility

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐ TO
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 13th, 1952, to June 13th, 1952, that I last saw the
deceased alive on June 13, 1952, and that death occurred at 8:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/16/52

24C. NAME OF CEMETERY OR CREMATORY

Western Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25 FUNERAL DIRECTOR

ADDRESS

JUN 16 1952

Huntington Williams, M.D.

Wm. J. Slickner & Sons

Balto 17, Md.

-620

52 5562

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5562

Registered No.

BIRTH NO. 52-13361

1. NAME OF DECEASED
(Type or Print)

Baby Boy Grisso

2. DATE
OF
DEATH

6/13/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Hospital for the women of md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4136 DUANE AVE

c. Length of stay in Baltimore

20 hrs. Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

6/13/52

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

20

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

infant

11. BIRTHPLACE (State or foreign country)

Balto md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Sesse E. Grisso

14. MOTHER'S MAIDEN NAME

Elizabeth Wilson Chaney

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

no.

17. INFORMANT

ADDRESS

mother

18. 776x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cause unknown

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Prematurity - 35 wks

DUE TO

(C)

20 hrs

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/13, 1952, to 6/13, 1952, that I last saw the
deceased alive on June 13, 1952, and that death occurred at 10P m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

BURIAL

6-16-1952

Prospect

Frederick Co.

md.

JUN 16 1952

Huntington Williams, M.D.

L. M. Swartz, Winfield, Md.

4136
de

324

52 5563

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5563
Registered No.

1. NAME OF DECEASED (Type or Print) <i>James E. Batchelor JR.</i>			2. DATE OF DEATH <i>June 13 1952</i>		
3. PLACE OF DEATH: <i>Baltimore City, Maryland</i>			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>Baltimore</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>md. General Hosp.</i>			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 13-08</i>		
7. Length of stay in Baltimore Yrs. <i>—</i> Mos. <i>—</i> Days <i>—</i>			8. STREET ADDRESS (If rural, give location) <i>1343 W. 42nd St.</i>		
9. SEX <i>M.</i>	10. COLOR OR RACE <i>white</i>	11. SINGLE, MARRIED, WIDDED, DIVORCED (Specify) <i>—</i>	12. DATE OF BIRTH <i>May 10 1894</i>		13. AGE (In years last birthday) Months: Days <i>73</i>
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carpenter (Retired)</i>			15. KIND OF BUSINESS OR INDUSTRY <i>Self Employed</i>		16. BIRTHPLACE (State or foreign country) <i>Cambridge Md.</i>
17. FATHER'S NAME <i>James E. Batchelor SR</i>			18. MOTHER'S MARRIAGE NAME <i>E. Marshall</i>		19. CITIZEN OF WHAT COUNTRY? <i>American</i>
20. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <i>—</i>			21. SOCIAL SECURITY NO. <i>320-30-9599</i>		22. INFORMANT ADDRESS <i>Fannie E. Batchelor 1343 W. 42nd St.</i>

18. <i>442X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Cerebral vascular accident</i>		INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Hypertensive cardiovascular disease - auricular fibrillation</i>		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Nephrosclerosis - anemia</i>		

21A. DATE OF OPERATION <i>0</i>		21B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
22A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
23A. TIME (Month) (Day) (Year) (Hour) INJURY		23B. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23C. HOW DID INJURY OCCUR?	
24. I hereby certify that I attended the deceased from <i>June 11</i> , 1952, to <i>June 13</i> , 1952, that I last saw the deceased alive on <i>June 13</i> , 1952, and that death occurred at <i>6:50 PM</i> , from the causes and on the date stated above.					
25A. SIGNATURE <i>Lee Jui Lai</i>		25B. ADDRESS <i>md. General Hosp.</i>		25C. DATE SIGNED <i>June 13 1952</i>	
26A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		26B. DATE <i>6/18/52</i>		26C. NAME OF CEMETERY OR CREMATORY <i>Woodlawn</i>	
26D. LOCATION (City, town or county) (State) <i>Woodlawn Cemetery</i>		26E. DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 16 1952</i>		26F. REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
26G. FUNERAL DIRECTOR <i>Paul Schenck</i>		26H. ADDRESS <i>365-17 Chestnut Ave.</i>		26I. VS 150	

MEDICAL CERTIFICATION

57024

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5564**

BIRTH NO.

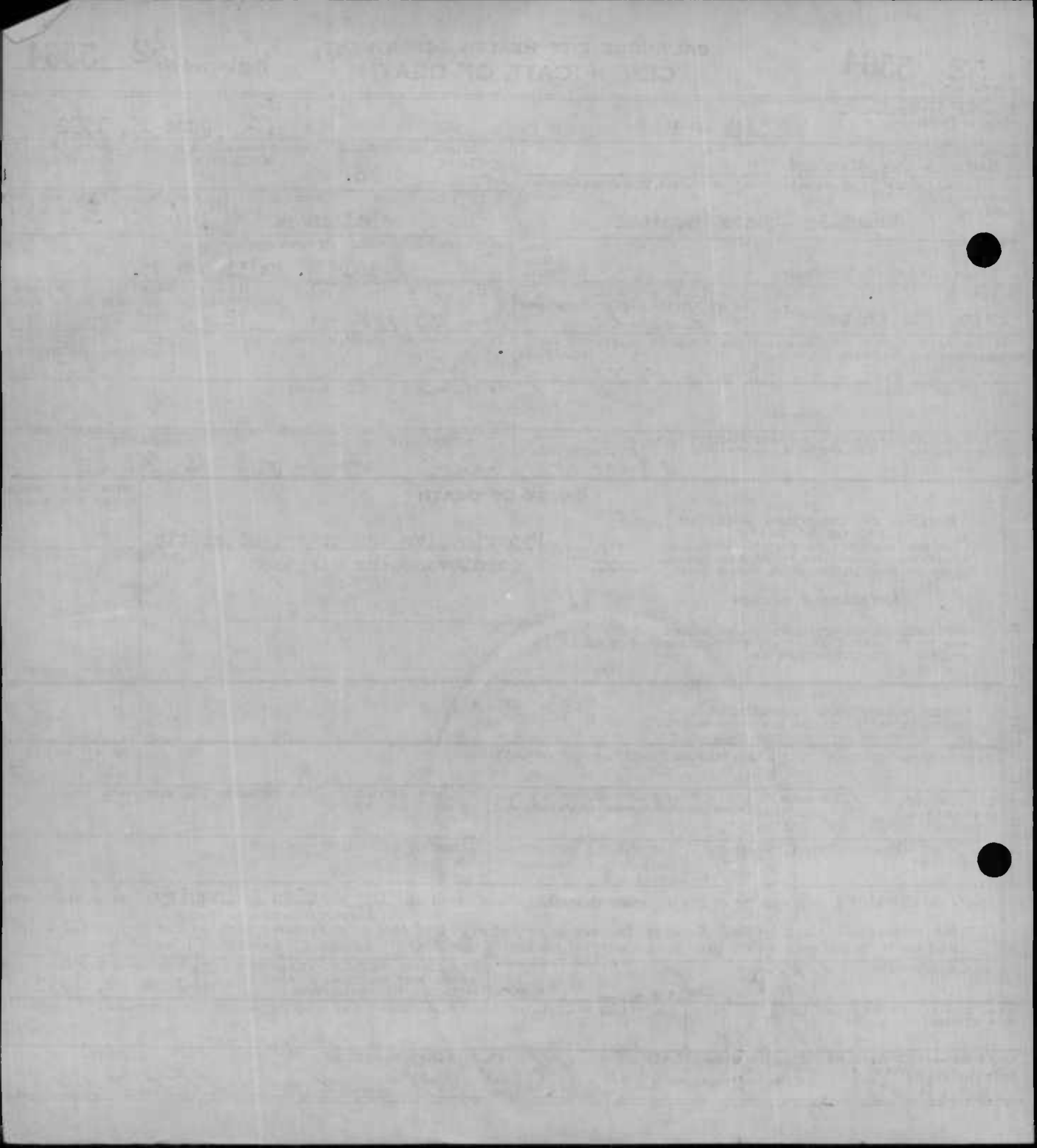
1. NAME OF DECEASED (Type or Print) WILLIAM H HARE			2. DATE OF DEATH June 15, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 18-03		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1015 W. Baltimore St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan 23, 1880		9. AGE (in years last birthday) 72
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY gen	11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 218-09-1058	17. INFORMANT ADDRESS Rosa E. Parks 1015 W. Balto St.		

<p>18. 443X</p> <p align="center">CAUSE OF DEATH</p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Hypertensive and arteriosclerotic cardiovascular disease</p> <p align="center">ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)</p> <p align="center">OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)</p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p>
--	---

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE R. H. Hare	23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED June 16, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/18/52	24C. NAME OF CEMETERY OR CREMATORY St. Mary's
DATE RECEIVED BY LOCAL REGISTRAR JUN 16 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR ADDRESS Rosa E. Parks 3615-17 Chestnut Ave.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5565**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Agnes G. Rinehart

2. DATE OF DEATH **June 13, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **1400 W. Lexington St.**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland** B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
Aged Women's & Aged Men's Homes

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)
1400 W. Lexington Street

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

Oct. 26, 1875

9. AGE (In years last birthday)

76

If Under 1 Year Months: Days Hours: Min.

7 18

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Sales Lady - Ret.

10B. KIND OF BUSINESS OR INDUSTRY
Stewart & Co.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Rinehart

14. MOTHER'S MAIDEN NAME

Martha Rinehart

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT **L. H. Read** ADDRESS
1400 W. Lexington Street

18. **420.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Coronary Thrombosis**

2 weeks

DOE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Arteriosclerosis (Heart Disease)**

DOE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **June 1, 1952** to **June 13, 1952** that I last saw the deceased alive on **June 12, 1952** and that death occurred at **6:01** m., from the causes and on the date stated above.

23A. SIGNATURE

M. O.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

650 5566

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5566

BIRTH NO. *Don't know*1. NAME OF DECEASED
(Type or Print)

KENNETH WAYNE ORR

2. DATE
OF
DEATH

June 14, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Franklin Square

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

11/9/48

9. AGE (in years
last birthday)

3

10. Under 1 Year
Months: Days

7 5

11. Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Russell E. Orr

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Russell E. Orr 42 S. Carlton St.

18. E812.4

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Crushing injury of chest

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

STREET

21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

S. CARLTON ST. 18/3

21d. TIME (Month) (Day) (Year) (Hour)
INJURY

June 14 1952 8:30 PM

21e. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21f. HOW DID INJURY OCCUR?

Run over by automobile

22. I certify that I took charge of the remains described above, held an *Inspection & Inquiry* thereon and from
the evidence obtained by said *Autopsy, Inspection or Inquiry*, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

Stanley H. Dunlacher

M.D.

23b. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23c. DATE SIGNED

June 15, 1952

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)DATE RECEIVED BY
LOCAL REGISTRAR

24b. DATE

6/17/52

24c. NAME OF CEMETERY OR CREMATORY

Needmore

24d. LOCATION (City, town, or county) (State)

Martinsburg W. Va.

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Eck Inc. 1217 St. Paul St.

ADDRESS

VS 151

N8622

MEDICAL CERTIFICATION

1000

50

CERTIFICATE OF DEATH

1000

Blank certificate form with horizontal lines and two punch holes on the right side.

650
52 5567

52 5567

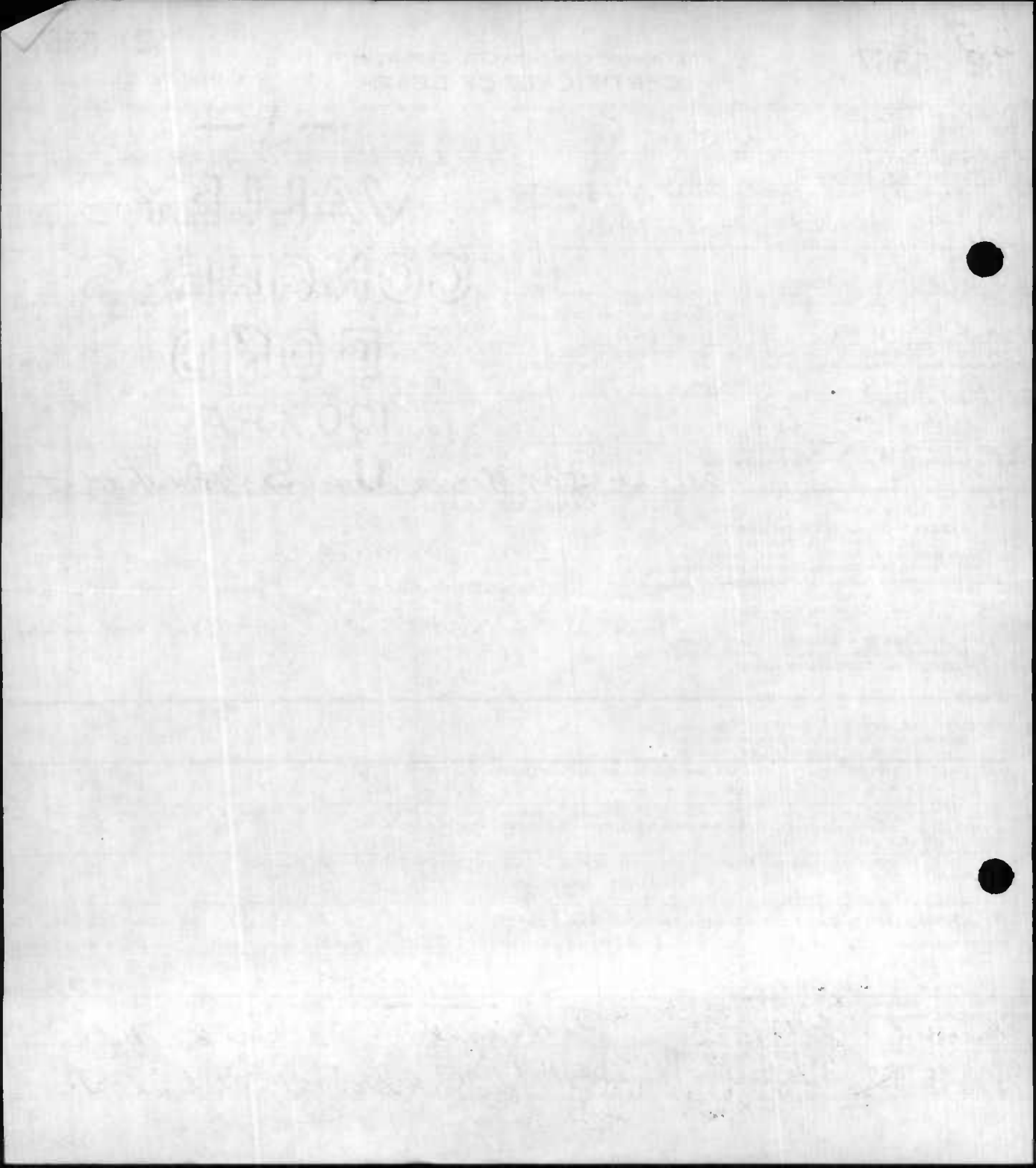
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) <u>MARTIN J. DRONEY</u>		2. DATE OF DEATH <u>6-14-52</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <u>MD</u> B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>MERCY HOSPITAL</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTIMORE</u>			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <u>623 HOMESTEAD ST -18-</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEP 29 1904</u> <u>BALTIMORE MD</u>	9. AGE (In years last birthday) <u>47</u>	10. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MANAGER</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>PARKING LOT</u>		11. BIRTHPLACE (State or foreign country) <u>BALTIMORE MD</u>	
13. FATHER'S NAME <u>MARTIN J DRONEY</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>Yes, no or unknown</u>		16. SOCIAL SECURITY NO. <u>212-22-4507</u>		17. INFORMANT <u>Margie Droney</u>	
18. <u>153X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <u>CARCINOMATOSIS</u> DUE TO (B) <u>CARCINOMA OF COLON</u> DUE TO (C) <u>1</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> <u>2 yrs.</u> <u>unknown</u>	
19A. DATE OF OPERATION <u>2 yrs. ago</u>		19B. MAJOR FINDINGS OF OPERATION <u>carcinoma of colon</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>6-14</u> , 19 <u>52</u> , to <u>6-14</u> , 19 <u>52</u> ; that I last saw the deceased alive on <u>6-14</u> , 19 <u>52</u> ; and that death occurred at <u>8:35 Pm.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>W.C. Dunningan</u>		23B. ADDRESS <u>31 E north ave</u>		23C. DATE SIGNED <u>6-14-52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>6/17/52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Cathedral</u>	
24D. LOCATION (City, town, or county) (State) <u>Balto. Md.</u>		25. FUNERAL DIRECTOR <u>Apn Cook Inc. 5217 St. Paul St.</u>			

MEDICAL CERTIFICATION

929883



234
52 5568BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5568
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		ROBERT A. PISTOLE		June 6, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
		A. STATE Maryland			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
Baltimore City Morgue		Unknown			
D. STREET ADDRESS (If rural, give location)		unknown			
c. Length of stay in Baltimore		Yrs. Mos. Days			
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
male		white		Married	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH	
Laborer		Farm		May 29, 1904	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?		9. AGE (In years last birthday)	
Mo.				48	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		If Under 1 Year Months Days	
William B. Pistole		Nora B. (Unknown)		0 7	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT	
Yes		Peace time		Mrs Ruth P. Weaver(5611 Shirley St.	
18. E929.8		CAUSE OF DEATH		Falls Church, Va.	

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Drowning

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

harbor

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Pier 6-Pratt Street

21D. TIME (Month) (Day) (Year) (Hour) INJURY

Found June 6, 1952 8:30

21E. INJURY OCCURRED

P. WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Found drowned

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William B. Pistole

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR

23C. DATE SIGNED

June 11, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

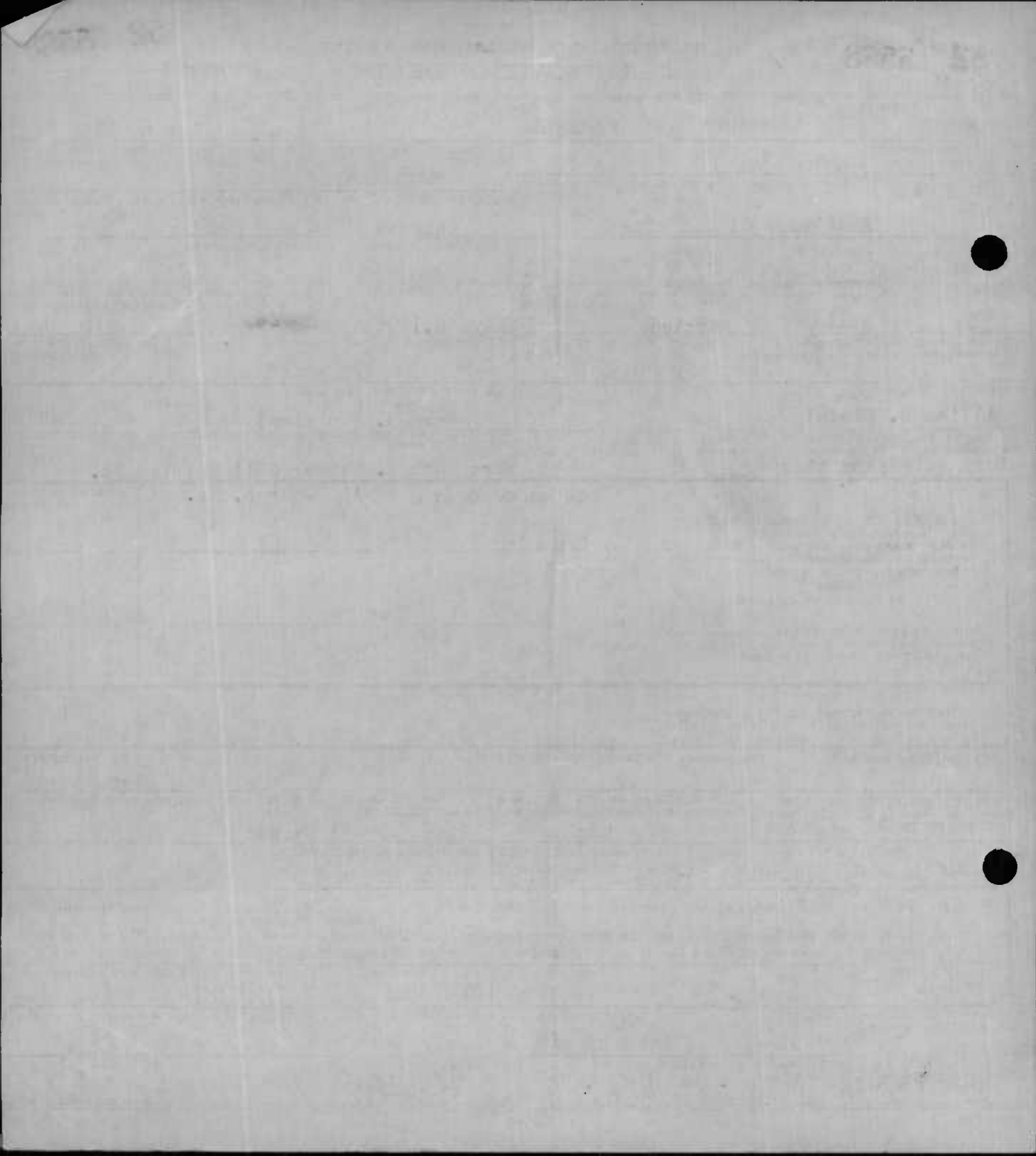
25. FUNERAL DIRECTOR

ADDRESS

JUN 18 1952

Huntington Williams, M.D.

1219 St Paul St



452
52 5569

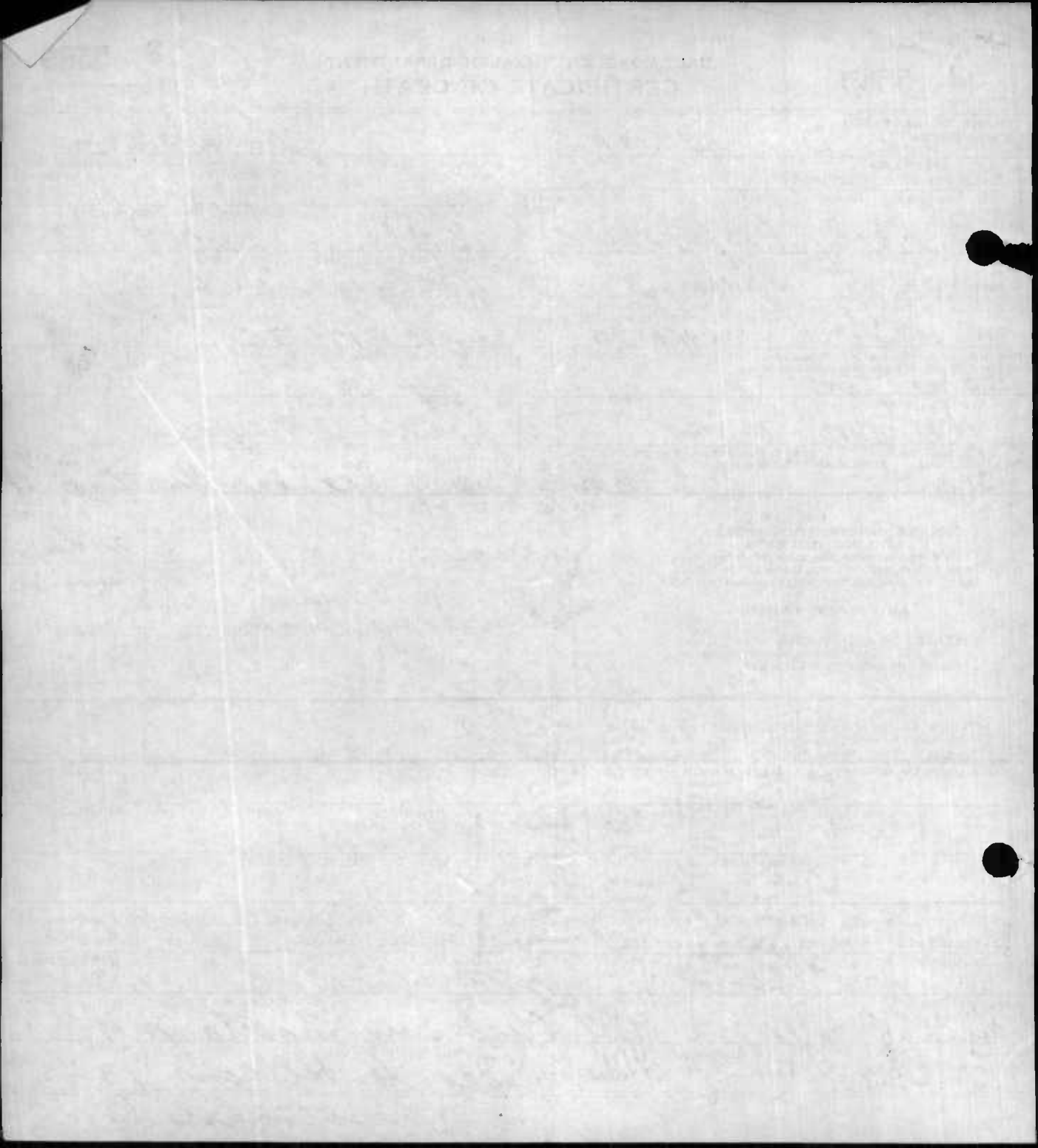
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5569
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mrs. Emily Williams</i>			2. DATE OF DEATH <i>6/13/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission.) A. STATE <i>MD.</i> B. COUNTY <i>BALTO.</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Mercy Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTO. #17 16-01</i>		
c. Length of stay in Baltimore <i>UNKNOWN</i>			D. STREET ADDRESS (If rural, give location) <i>1112 Carson Court</i>		
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>SEPARATED</i>	8. DATE OF BIRTH <i>June 10, 1917</i>	9. AGE (in years last birthday) <i>35</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>			11. BIRTHPLACE (State or foreign country) <i>Virginia</i>		
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>			13. FATHER'S NAME <i>Nathanial Williams</i>		
14. MOTHER'S MAIDEN NAME <i>Josephine Taylor</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		
16. SOCIAL SECURITY NO. <i>none</i>			17. INFORMANT ADDRESS <i>Mary Spencer Smithson St 1219</i>		
18. <i>445x</i> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Uremia</i> DUE TO ANTECEDENT CAUSES <i>Malignant Hypertension</i> DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>6 mos.</i>			INTERVAL BETWEEN ONSET AND DEATH <i>21 days</i> <i>known for</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>May 23</i> , 1952, to <i>June 13</i> , 1952, that I last saw the deceased alive on <i>Jan 12</i> , 1952, and that death occurred at <i>12:00 am.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>John H. Stone</i>			23B. ADDRESS <i>Mercy Hosp</i>		23C. DATE SIGNED <i>6/13/52</i>
24A. BURIAL CREMATION REMOVAL (Specify)	24B. DATE <i>6/18/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt Auburn Balto. Md.</i>		24D. LOCATION (City, town, or county) (State) <i>Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 16 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Wes. G. Nelson 1303 Presstman St</i>	

MEDICAL CERTIFICATION



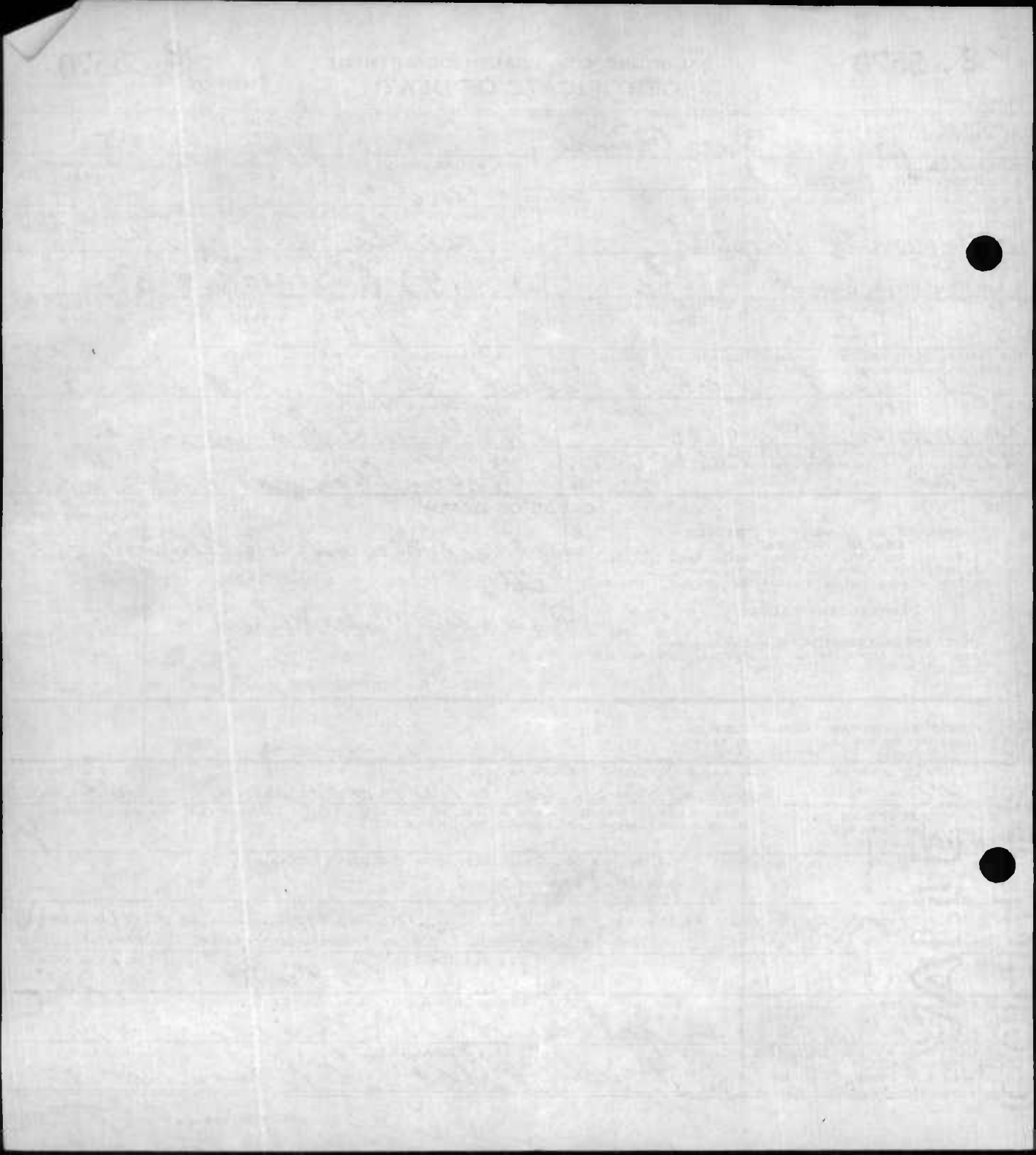
570
52 5570THOMAS
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5570
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Gloria Mae Thomas</i>			2. DATE OF DEATH <i>6-12-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>16-02</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>University Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>		
c. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>1153 N. Stricker St</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S</i>	8. DATE OF BIRTH <i>3/25/39</i>	9. AGE (In years last birthday) <i>13</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Student</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Public School Balto md</i>		
11. BIRTHPLACE (State or foreign country) <i>MD</i>			12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
13. FATHER'S NAME <i>Raymond Roberts</i>			14. MOTHER'S MAIDEN NAME <i>Helen Thomas</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>			16. SOCIAL SECURITY NO. <i>none</i>		
17. INFORMANT <i>Helen Thomas N. Stricker</i>			ADDRESS <i>1153</i>		

18. <i>002X</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Esophageal Erosion into Pulmonary artery</i>	<i>26 days</i>
ANTECEDENT CAUSES	(B) <i>Pulmonary Tuberculosis</i>	<i>?</i>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>6-11-52</i>	19B. MAJOR FINDINGS OF OPERATION <i>Bleeding (arterial) from middle 1/3 of esophagus</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>University Hospital</i>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>5/17</i> 19 <i>52</i> , to <i>6/12</i> 19 <i>52</i> , that I last saw the deceased alive on <i>6/12/52</i> , 19 <i>52</i> , and that death occurred at <i>3:45 A.M.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>Roger D. Scott</i>	23B. ADDRESS <i>University Hospital</i>	23C. DATE SIGNED <i>6-13-52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>6/16/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt Auburn</i>
24D. LOCATION (City, town, or county) (State) <i>Balto md</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, M.D. Geo. S. Nelson</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 18 1952</i>		ADDRESS <i>Pressman St</i>



553
52 5571BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5571
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) DAVID L HAMMOND		2. DATE OF DEATH June 14, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION PROVIDENT HOSP		C. CITY OR TOWN BALTO (If outside corporate limits, write RURAL and give township) 15-04	
c. Length of stay in Baltimore ? Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2235 PULASKI ST	
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 8/28/5-
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GARAGE		9. AGE (in years last birthday) 37 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MD	
13. FATHER'S NAME ALBERT HAMMOND		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Y-BO (If yes, give war or dates of service) WW#2		14. MOTHER'S MAIDEN NAME HILDA WILLS	
16. SOCIAL SECURITY NO. -		17. INFORMANT ADDRESS 2235 MADELE HAMMOND PULASKI ST	

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

BULLET WOUND OF HEAD

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) HOME		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 2235 N. PULASKI ST.	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY June 14, 1952 8P		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? SHOT DURING ALTERCATION	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley H. DeLocher M.D.		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED June 15, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 6/18/52		24C. NAME OF CEMETERY OR CREMATORY BALTO. NAT.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 18 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR W. J. Olson ADDRESS 1303	

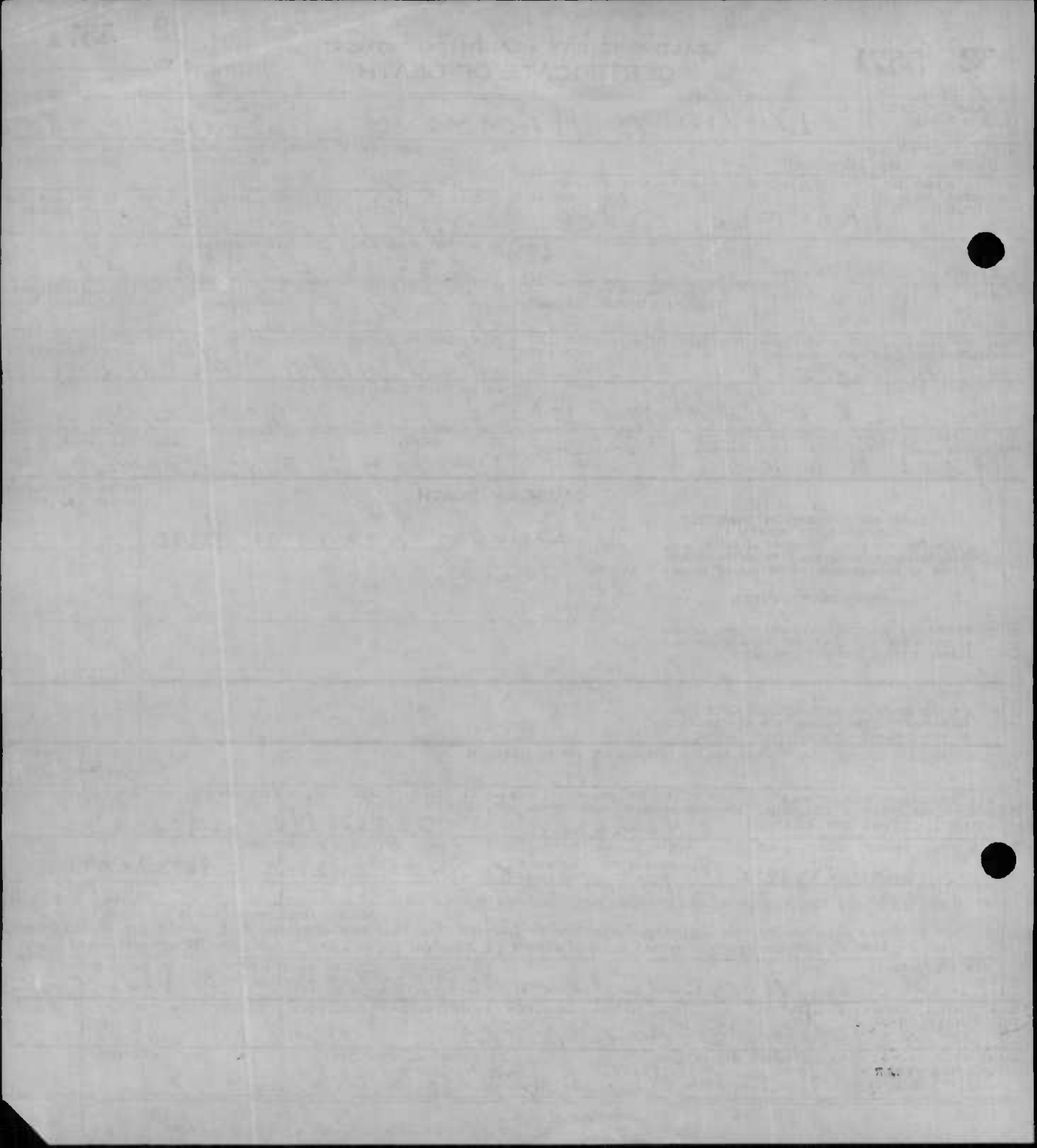
VS 151

N 805.4

92083

Presstman St

MEDICAL CERTIFICATION



650
52 5572

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

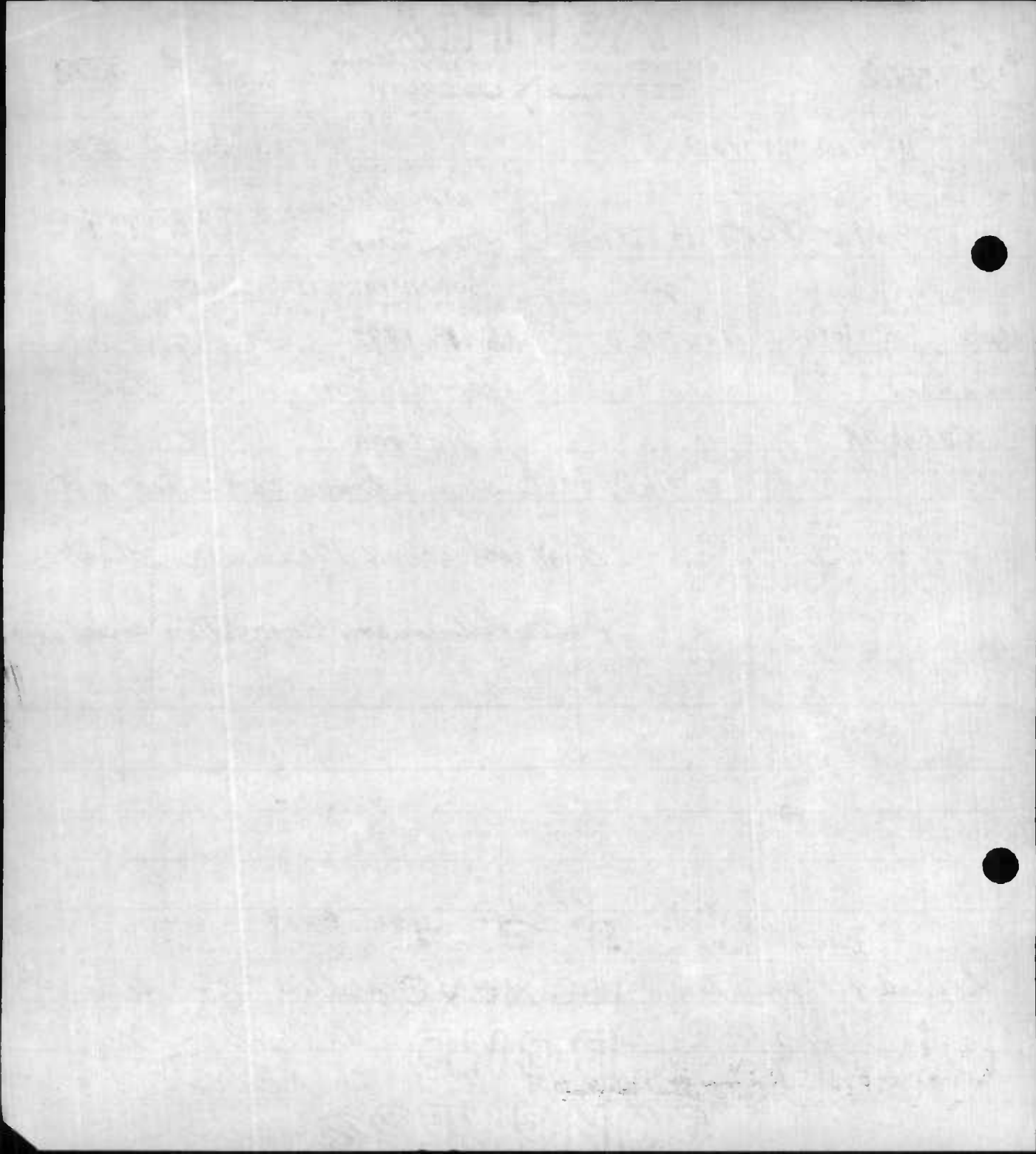
52 5572
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) William Brown		2. DATE OF DEATH June 14, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MARYLAND b. COUNTY	
b. FULL NAME OF (If not in hospital or institution, give street address or location) 309 N. PARRISH Street		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 19-01	
c. Length of stay in Baltimore 25 Yrs. <input type="checkbox"/> Mos. <input type="checkbox"/> Days <input checked="" type="checkbox"/>		d. STREET ADDRESS (If rural, give location) 309 N. PARRISH Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Nov 13, 1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Sen.	9. AGE (In years last birthday) 59 If Under 1 Year: Months 7 Days 1 If Under 24 Hours: Hours 1 Min.
11. BIRTHPLACE (State or foreign country) Norfolk, VA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Victoria ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 216 07 5866	
17. INFORMANT Lorraine Brown		ADDRESS 309 N. PARRISH St.	

18. 490X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bilateral Lobate Pneumonia DUE TO Acute Pulmonary Congestion DUE TO Acute Pulmonary Congestion DUE TO	CAUSE OF DEATH Bilateral Lobate Pneumonia Acute Pulmonary Congestion	INTERVAL BETWEEN ONSET AND DEATH 2 weeks Several Days
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-4- , 19 52 , to 6-14 , 19 52 , that I last saw the deceased alive on 6-14- , 19 52 , and that death occurred at 12:01 AM. , from the causes and on the date stated above.					
23a. SIGNATURE Richard H. Hunt M. D.		23b. ADDRESS 1631 W. Franklin St.		23c. DATE SIGNED 6-16-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/17/52		24c. NAME OF CEMETERY OR CREMATORY Arbutus	
24d. LOCATION (City, town, or county) Arbutus, Md		24e. STATE Md		25. FUNERAL DIRECTOR W. D. Nelson	
DATE RECEIVED BY LOCAL REGISTRAR JUN 16 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		ADDRESS 1303	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5573
Registered No.

123
52 5573
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Lena Epstein			2. DATE OF DEATH June 15, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1541 N Payson St			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 47 Yrs			O. STREET ADDRESS (If rural, give location) 1541 N Payson St		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1880		9. AGE (In years last birthday) 72
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Moses N Ashman			14. MOTHER'S MAIDEN NAME Hinda Windman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr Louis Epstein 1541 N Payson St		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hyper tension Cardio Vascular Disease		INTERVAL BETWEEN ONSET AND DEATH 3 yrs
DUE TO (A) Hyper tension Cardio Vascular Disease		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept 15, 1950 , to June 15, 1952 , that I last saw the deceased alive on June 15, 1952 , and that death occurred at 9:15 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE H. Harry Ashman		23B. ADDRESS 3700 Garrison Blvd		23C. DATE SIGNED 6/16/52	

24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE June 17, 1952	24C. NAME OF CEMETERY OR CREMATORY Aitz Chaim Cong Cemetery	24D. LOCATION (City, town, or county) (State) Washington Blvd Belto Md
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DATE RECEIVED BY LOCAL REGISTRAR JUN 16 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Sol Levenson & Bros	ADDRESS 11260 Nath ave
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UNITED STATES OF AMERICA
DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

(NAME OF CASE)

John Doe
123 Main Street
Anytown, USA

CERTIFICATE OF DEATH 491X

Registered No. 52 5574

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address. 801 Buren St

(c) Hospital or institution: City Jail Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Md (b) County: 1-05

(c) City or town: 126 S. Mathews
(If outside city or town limits, write RURAL and give town)(d) Street No.: Balto Md
(If rural give location)(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: George Thompson

3 (b) If veteran, name war

3 (c) Social Security Account

4. Sex

5. Color or race

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) SEPT. 15, 1902

8. AGE: 49 Years Months Days If less than one day

9. Birthplace

10. Usual Occupation LABORER

11. Industry or business CONSTRUCTION BUS.

12. Name JAMES MORROW

13. Birthplace IRELAND

14. Maiden Name SARAH CORNER

15. Birthplace IRELAND

16 (a) Informant Sarah Greenstein

(b) Address 809 Mount Vernon

(c) Burial (Burial, cremation, or removal) (month) (day) (year)

(d) Cemetery or crematory Silver Brook Cem

Location WILMINGTON DEL

18 (a) Funeral director JOHN O. MITCHELL

(b) Address 1900 EUTAW PLACE

19 (a) JUN 16 1952 Huntington Williams, Md

(b) Address 801 Buren St

(c) Date rec'd by Registrar

(d) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1952 at 4:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/7 1952 to 6/16 1952 and that I last saw him alive on 6/10/52

Immediate cause of death

Due to cardiac failure

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature

Address 801 Buren St Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE

cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see **PHYSICIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION** issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

460
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5575
Registered No.

1. NAME OF DECEASED (Type or Print) Mr. John Miller			2. DATE OF DEATH June 14, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE 325 Marydell Rd., Balto., 29, Md. B. COUNTY Baltimore, 29, Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, 29, Maryland		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Bon Secours Hospital			D. STREET ADDRESS (If rural, give location) 325 Marydell Rd.,		
c. Length of stay in Baltimore			25-21		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5/1/03	9. AGE (In years last birthday) 49	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Estimator - ENGINEER			10B. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION		
11. BIRTHPLACE (State or foreign country) Baltimore Maryland			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME George Miller			14. MOTHER'S MAIDEN NAME Elizabeth Schoepfer		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Unknown			16. SOCIAL SECURITY NO.		
17. INFORMANT Mr. John W. Miller - 375 Marydell Rd.			ADDRESS		

18. 592X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic Nephritis DUE TO Uremia		CAUSE OF DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 6, 1952 to June 14, 1952 , that I last saw the deceased alive on June 14, 1952 and that death occurred at 6:15 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE David Legate		23B. ADDRESS Bon Secours Hospital		23C. DATE SIGNED 6-14-52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-18-52		24C. NAME OF CEMETERY OR CREMATORY Catholic Cem.		24D. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 16 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR George A. Taylor		ADDRESS Catonville, Ind.	

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623
52 5576BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5576
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		CHARLES LESLIE WRIGHT, SR.		June 13, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1219 N. Washington Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1219 N. Washington Street			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 11, 1881	9. AGE (in years, last birthday) 70	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Clerk		10B. KIND OF BUSINESS OR INDUSTRY Balto. Envelope Mfg. Co.		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Carey Wright		14. MOTHER'S MAIDEN NAME Mary Kirby	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 216-03-7656		17. INFORMANT 1219 N. Washington Street Mrs. Sarah K. Wright	
18. 451X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Rupture aortic aneurism DUE TO (B) Aortic aneurism DUE TO (C) Arterio-sclerotic Cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH Sudden 5 yrs years	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 12, 1952, to 6-13, 1952, that I last saw the deceased alive on 6-9, 1952, and that death occurred at 7 a. m., from the causes and on the date stated above.					
23A. SIGNATURE Anthony J. Thomas		23B. ADDRESS 4600 York Road		23C. DATE SIGNED 6/13/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 6/16/52		24C. NAME OF CEMETERY OR CREMATORY Moreland Memorial Cem.	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		24E. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.		24F. ADDRESS BALTO., MD.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 16 1952		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		34242	

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **52 5577**

BIRTH NO. 550
1. NAME OF DECEASED (Type or Print) *Albert Leroy Bowman*
2. DATE OF DEATH *6/12/52*
3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) *508 W. West St*
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Baltimore*
D. STREET ADDRESS (If rural, give location) *508 W. West St*
c. Length of stay in Baltimore
5. SEX *Male*
6. COLOR OR RACE *Col.*
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *Married*
8. DATE OF BIRTH *12/24/30*
9. AGE (in years last birthday) *21*
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Laborer*
10b. KIND OF BUSINESS OR INDUSTRY *factory*
11. BIRTHPLACE (State or foreign country) *Manning S.C.*
12. CITIZEN OF WHAT COUNTRY? *USA*
13. FATHER'S NAME *John Bowman*
14. MOTHER'S MAIDEN NAME *Eddie Richberg*
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT *John Bowman* **ADDRESS** *508 W. West St*

18. CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.) *Cardiac failure*
ANTECEDENT CAUSES *Chronic Rheumatic heart disease*
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** YES ☐ NO ☐
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH **21b. PLACE OF INJURY** (e. g., in or about home, farm, factory, street, office bldg., etc.) **21c. WHERE DID INJURY OCCUR?** (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) **21e. INJURY OCCURRED** **21f. HOW DID INJURY OCCUR?**
22. I hereby certify that I attended the deceased from June 11, 1952, to June 12, 1952, that I last saw the deceased alive on June 11, 1952, and that death occurred at 1:50 p. m., from the causes and on the date stated above.
23a. SIGNATURE *D. Shortley M.D.* **23b. ADDRESS** *601 N. Moore St.* **23c. DATE SIGNED** *6/16/52*

24a. BURIAL, CREMATION, REMOVAL (Specify) *Burial* **24b. DATE** *6/17/52* **24c. NAME OF CEMETERY OR CREMATORY** *Manning* **24d. LOCATION** (City, town, or county) (State) *South Carolina*
DATE RECEIVED BY LOCAL REGISTRAR *JUN 16 1952* **REGISTRAR'S SIGNATURE** *Huntington Williams, Jr.* **25. FUNERAL DIRECTOR'S ADDRESS** *Charles A. Rice 661 W. Barre St.*

MEDICAL CERTIFICATION

See Document File 52-5577
6/20/52 ES

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 5578

630
52 5578
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Martha Belle Purdy</u>		2. DATE OF DEATH <u>6.14.52</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Baltimore</u>		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Belts</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Maryland General Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore Pikesville</u>	
C. Length of stay in Baltimore Yrs. <u>0</u> Mos. <u>0</u> Days <u>0</u>		D. STREET ADDRESS (If rural, give location) <u>1310 Bedford Ave. #8</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>September 22, 1881</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>—</u>	9. AGE (In years last birthday) <u>71</u>
11. BIRTHPLACE (State or foreign country) <u>Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>David S. Carnahan</u>		14. MOTHER'S MAIDEN NAME <u>—</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Joseph H. Purdy - Pikesville</u>		ADDRESS <u>—</u>	

<p>18. <u>331X</u></p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p>CAUSE OF DEATH</p> <p>(A) <u>Cerebral Hemorrhage</u></p> <p>ANTECEDENT CAUSES</p> <p>(B) <u>Essential Hypertension</u></p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p> <p>(C) <u>Terminal broncopneumonia</u></p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p> <p>? <u>—</u></p> <p>? <u>—</u></p>

19A. DATE OF OPERATION <u>6.14.52</u>		19B. MAJOR FINDINGS OF OPERATION <u>—</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>—</u>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>—</u>	
21D. TIME (Month) (Day) (Year) (Hour) INJURY <u>—</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>—</u>	
22. I hereby certify that I attended the deceased from <u>6.14.1952</u> to <u>6.14.1952</u> that I last saw the deceased alive on <u>6.14.1952</u> and that death occurred at <u>7:25</u> p. m., from the causes and on the date stated above.					
23A. SIGNATURE <u>W. L. Hunter</u>		23B. ADDRESS <u>Mid In Hays</u>		23C. DATE SIGNED <u>6-14-52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>6/17/52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Balto. National</u>	
24D. LOCATION (City, town, or county) <u>Baltimore</u>		24E. LOCATION (City, town, or county) <u>Fredrick Rd. Balto.</u>		24F. LOCATION (City, town, or county) <u>—</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 16 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>W. J. Howell</u>	
VS 150				<u>Pikesville S. Md</u>	

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

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100-100000

2220
5579BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5579
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) AGNES A. BUGGIESKI		2. DATE OF DEATH JUNE 13/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland 805 S BELNORD AVE		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY 1-04			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN BAHOTO		(If outside corporate limits, write RURAL and give township)	
C. Length of stay in Baltimore LIFE		Yrs. 0 Mos. 0 Days 0		O. STREET ADDRESS (If rural, give location) 805 S. BELNORD AVE	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH Jan 21/1	9. AGE (in years last birthday) 63	If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CANNING		10B. KIND OF BUSINESS OR INDUSTRY ROBERTS PACK		11. BIRTHPLACE (State or foreign country) BAHOTO MD	
13. FATHER'S NAME THOMAS BIELECKE		14. MOTHER'S MAIDEN NAME unknown		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 214-05-1102		17. INFORMANT WILLIAM BUGGIESKI ADDRESS 805 S BELNORD AVE	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Coronary Occlusion DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Arterial Hypertension Cardiac Hypertrophy (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH 5 days 5 yrs			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 9, 1952 to June 13, 1952 , that I last saw the deceased alive on June 13, 1952 , and that death occurred at 7:45 p. m., from the causes and on the date stated above.					
23A. SIGNATURE E. J. Lipp		23B. ADDRESS 416 S. Patterson Pkwy		23C. DATE SIGNED 6/14/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE JUNE 17/52		24C. NAME OF CEMETERY OR CREMATORY ST. STANISLAUS CEM.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 16 1952		REGISTRAR'S SIGNATURE Huntington Williams, MD		25. FUNERAL DIRECTOR STEPHEN J. FALKOWSKI INC	
VS 150		69042		1000 S. KENWOOD AVE	

0123 55

1



1216 E North Ave

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **5581**

BIRTH NO. **5581**

1. NAME OF DECEASED (Type or Print) *Joseph Lee* 2. DATE OF DEATH **6-13-52**

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *md* B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION *University Hospital* C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location) *219 Pearl St.*

c. Length of stay in Baltimore *Life* Yrs. Mos. Days

5. SEX *m* 6. COLOR OR RACE *C* 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH *8/3/23* 9. AGE (In years last birthday) *28* If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Laborer* 10B. KIND OF BUSINESS OR INDUSTRY *Construction* 11. BIRTHPLACE (State or foreign country) *Balto. md* 12. CITIZEN OF WHAT COUNTRY? *U.S.A.*

13. FATHER'S NAME *Robert Lee* 14. MOTHER'S MAIDEN NAME *Johanna Toney*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. *Miss Johanna Lee 219 Pearl*

17. INFORMANT ADDRESS

18. *434.0* I *I* CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) *Pulmonary Edema*

DUE TO

ANTECEDENT CAUSES (B) *Acute Cor Pulmonale*

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) *Severe Kyphosis + Scoliosis*

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *✓* 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *6-13-52* 19*52*, to *6-13-52* 19*52*, that I last saw the deceased alive on *6-13* 19*52*, and that death occurred at *1:45 P.* m., from the causes and on the date stated above.

23A. SIGNATURE *Roger D. Scott* M. D. 23B. ADDRESS *University Hospital* 23C. DATE SIGNED *6-13-52*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *6/18/52* 24C. NAME OF CEMETERY OR CREMATORY *Mt Auburn* 24D. LOCATION (City, town, or county) (State) *Westport md*

DATE RECEIVED BY LOCAL REGISTRAR *JUN 18 1952* REGISTRAR'S SIGNATURE *Huntington Williams, M.D.* 25. FUNERAL DIRECTOR *Adolphus Habstad* ADDRESS *9800 N. Mill Rd.*

VS 150 97024

1972

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CERTIFICATE OF DEATH

NAME

AGE

SEX

RACE

DATE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Signature

Witness

Registrar

Official

Signature

Witness

Registrar

Official

Signature

Witness

Registrar

Official

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Official

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

X Registered No. **52 5582**

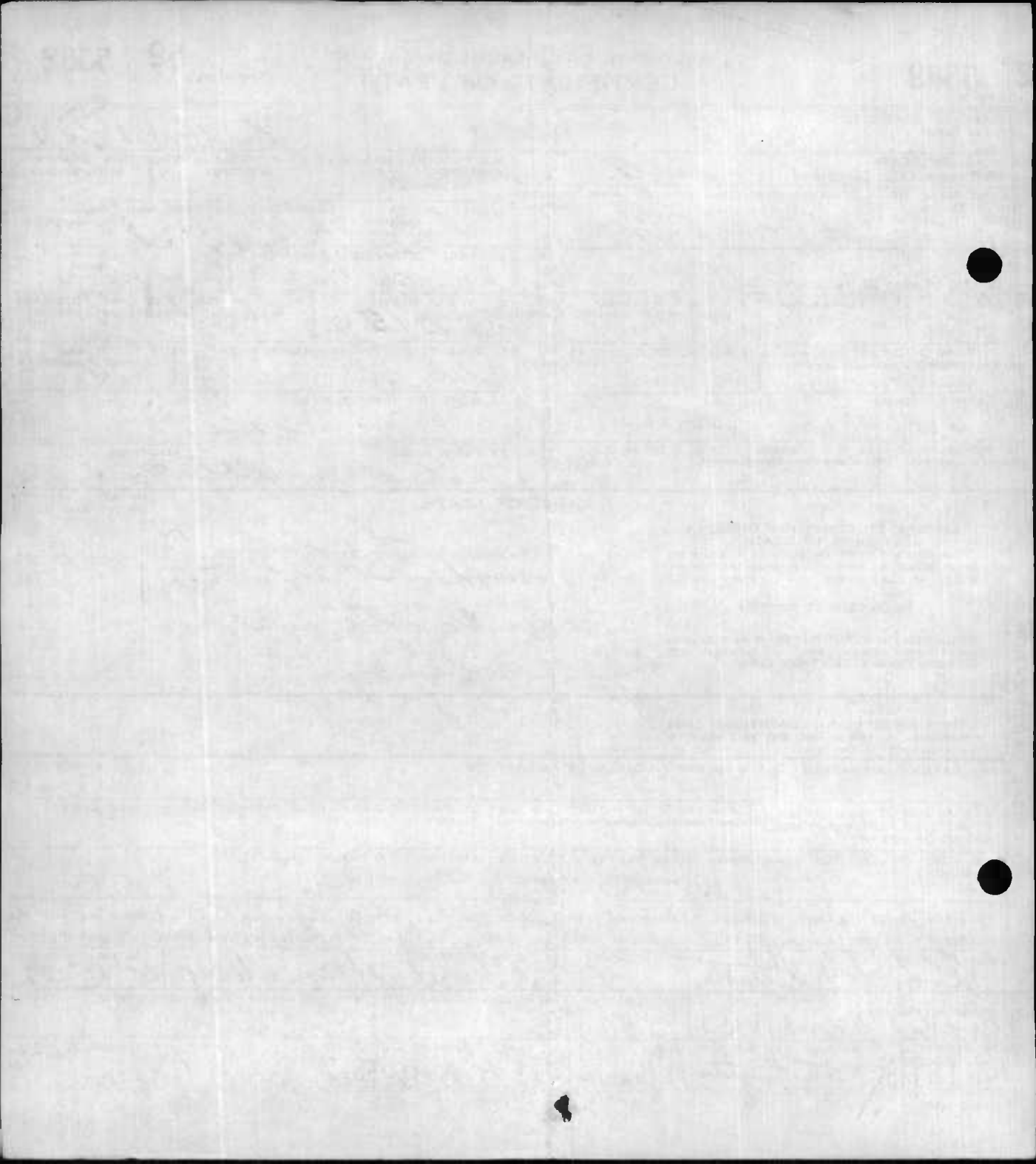
1. NAME OF DECEASED (Type or Print) KAPP		2. DATE OF DEATH June 15/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balt.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Church Home & Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 19. 5300	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 262 Old Battle Lane Rd.	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH March 12, 1882
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME HANSMANN, Gustav		14. MOTHER'S MAIDEN NAME Catherine	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. none	
17. INFORMANT Husband		ADDRESS 262 Old Battle Lane Rd	

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Coronary thrombosis & myocardial infarction. DUE TO (B) arteriosclerotic heart disease DUE TO (C) & obesity	INTERVAL BETWEEN ONSET AND DEATH 2 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **June 11, 1952**, to **June 15, 1952** that I last saw the deceased alive on **June 15, 1952** and that death occurred at **8:15 Am.**, from the causes and on the date stated above.

23A. SIGNATURE Robert H. Stone		23B. ADDRESS Church Home & Hosp		23C. DATE SIGNED 6-15-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 18/52		24C. NAME OF CEMETERY OR CREMATORY Lorraine	
24D. LOCATION (City, town, or county) (State) Baltimore		25. FUNERAL DIRECTOR Philip Herwig Sons		ADDRESS 2024 Orleans St	
DATE RECEIVED BY LOCAL REGISTRAR JUN 16 1952		REGISTRAR'S SIGNATURE Huntington Williams			



256
2 5583

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5583

1. NAME OF DECEASED (Type or Print) <i>J. Harold Reigner</i>		2. DATE OF DEATH <i>June 14 1952</i>	
3. PLACE OF DEATH: A. <i>Baltimore City, Maryland</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Ms</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Ms. General Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>27-01</i>	
c. Length of stay in Baltimore Yrs. <i>3</i> Mos. <i>11</i> Days <i>14</i>		D. STREET ADDRESS (If rural, give location) <i>3114 Tuman Place</i>	
5. SEX <i>M.</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, <u>MARRIED</u> WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>April 26 1890</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Plank Eng.</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Rover C B Bue</i>	9. AGE (In years last birthday) <i>62</i>
13. FATHER'S NAME <i>Horace Reigner</i>		11. BIRTHPLACE (State or foreign country) <i>Pottstown, Pa.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <i>American</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Sarah C. Reigner</i>	
17. INFORMANT <i>Ms. Bessie Reigner - Tuman Pl</i>		ADDRESS <i>3114</i>	

18. <i>442X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral vascular accident</i> DUE TO <i>2 left sided Hemiplegia</i> II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <i>Cerebral vascular accident</i> DUE TO <i>2 left sided Hemiplegia</i> (B) <i>Hypertensive cardio-vascular disease</i> DUE TO <i>disease</i> (C)		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>June 7</i> , 1952, to <i>June 14</i> , 1952, that I last saw the deceased alive on <i>June 14</i> , 1952, and that death occurred at <i>6:55 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Sp. Gen. Lin</i>		23B. ADDRESS <i>Ms. General Hosp.</i>		23C. DATE SIGNED <i>June 14 52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>6-17-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Morland Park</i>	
24D. LOCATION (City, town or county) (State) <i>Balt Md.</i>		25. FUNERAL DIRECTOR <i>H. J. Kuck</i>		ADDRESS <i>5305 Harford</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 16 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		5433E	

MEDICAL CERTIFICATION

450
52 5584BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5584

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ANTONIO COLIANO (COLEIANNI)		2. DATE OF DEATH June 14, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 707 Radnor Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 707 Radnor Avenue	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 2, 1882
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer Construction		11. BIRTHPLACE (State or foreign country) Italy	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Antonio Coleianni		14. MOTHER'S MAIDEN NAME Marian De Stafno	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 220-03-2995	
17. INFORMANT Mrs. Stella Coliano, 707 Radnor Ave		ADDRESS	

18. **190X** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Melanoma sarcomatosis (anus)
DUE TO

INTERVAL BETWEEN ONSET AND DEATH
May 18, 1948I
ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION May 29, 1948		19B. MAJOR FINDINGS OF OPERATION Melanoma of the anus.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23A. SIGNATURE <i>M. B. Levine</i>		23B. ADDRESS 218 E. University Parkway		23C. DATE SIGNED June 16, 1952	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/18/52	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE RECEIVED BY LOCAL REGISTRAR JUN 16 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Road.

VS 150

97024 5584

THE STATE OF TEXAS,
COUNTY OF DALLAS.I, the undersigned, Clerk of the County of Dallas, State of Texas, do hereby certify that the within and foregoing is a true and correct copy of the original of the same as the same appears from the records of the County of Dallas, State of Texas.WITNESSETH my hand and the seal of the County of Dallas, State of Texas, this 1st day of January, 1901.CLERK OF THE COUNTY OF DALLAS, TEXAS.
[Signature]
[Seal]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5585
Registered No.

BIRTH NO.

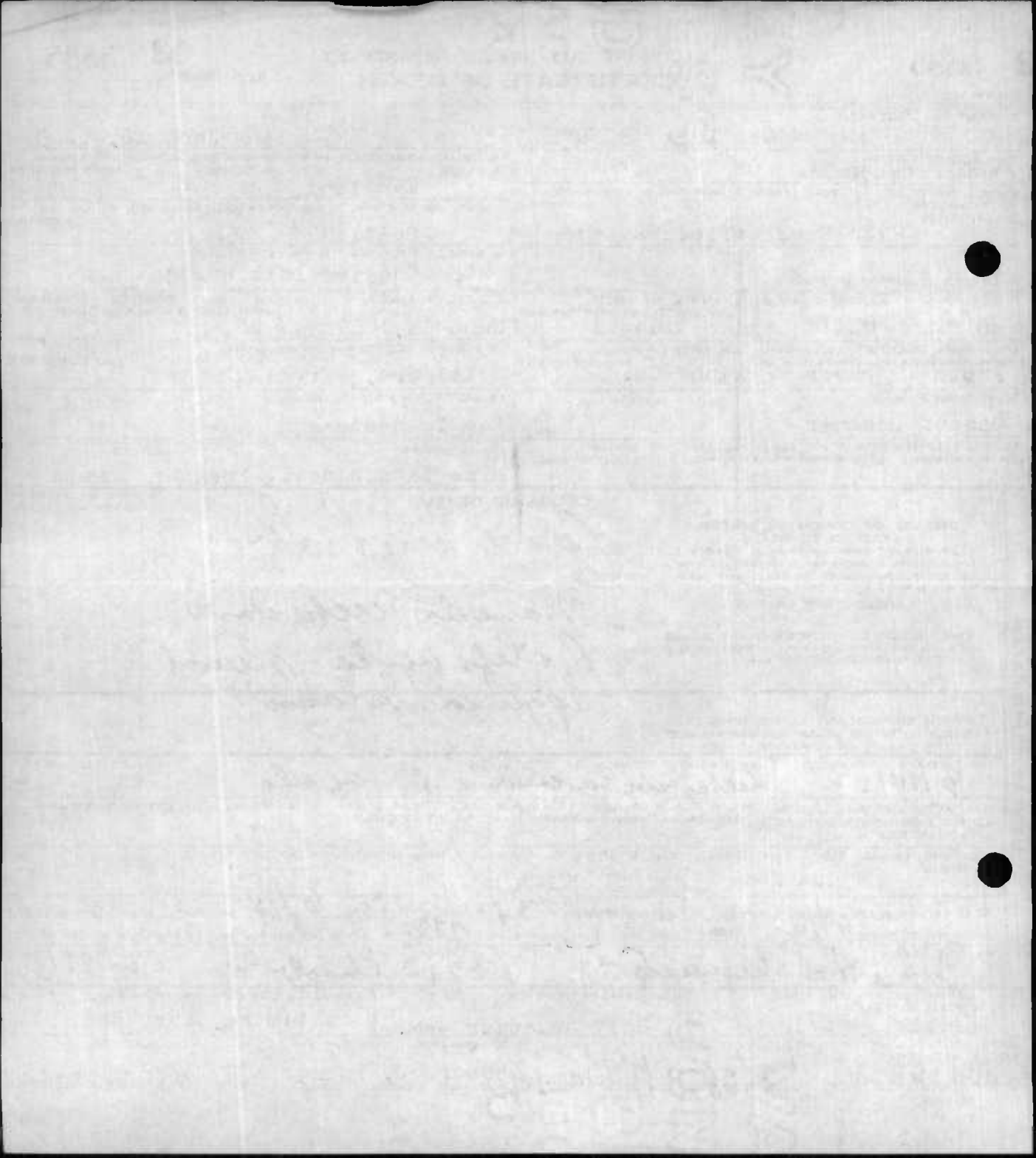
1. NAME OF DECEASED (Type or Print) CHARLES BOEGNER		2. DATE OF DEATH June 15, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2733 Chesterfield Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2733 Chesterfield Avenue	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH June 14, 1887
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Photo Engraver		10B. KIND OF BUSINESS OR INDUSTRY Alpha Co.	9. AGE (in years last birthday) 65
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Casper Boegner		14. MOTHER'S MAIDEN NAME Maggie Hennemann	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Miss Catherine T. Boegner same	

18. 162X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Carcinoma R. Lung DUE TO (B) Mammary Metastases DUE TO (C) R. Left axilla. pleural effusion (bilateral).	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION 3/24/52		19B. MAJOR FINDINGS OF OPERATION Metastatic Carcinoma R. axilla		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3/21/52 to 6/15/52 , that I last saw the deceased alive on 6/14/52 , and that death occurred at 1:30 p. m. , from the causes and on the date stated above.					
23A. SIGNATURE John G. Scheuch		23B. ADDRESS 1337 S. Charles St.		23C. DATE SIGNED 6/16/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/18/52	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		
DATE RECEIVED BY LOCAL REGISTRAR JUN 16 1952		REGISTRAR'S SIGNATURE Huntington Williams, Jr.	25. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Road		

537450 2

MEDICAL CERTIFICATION



560
5586
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

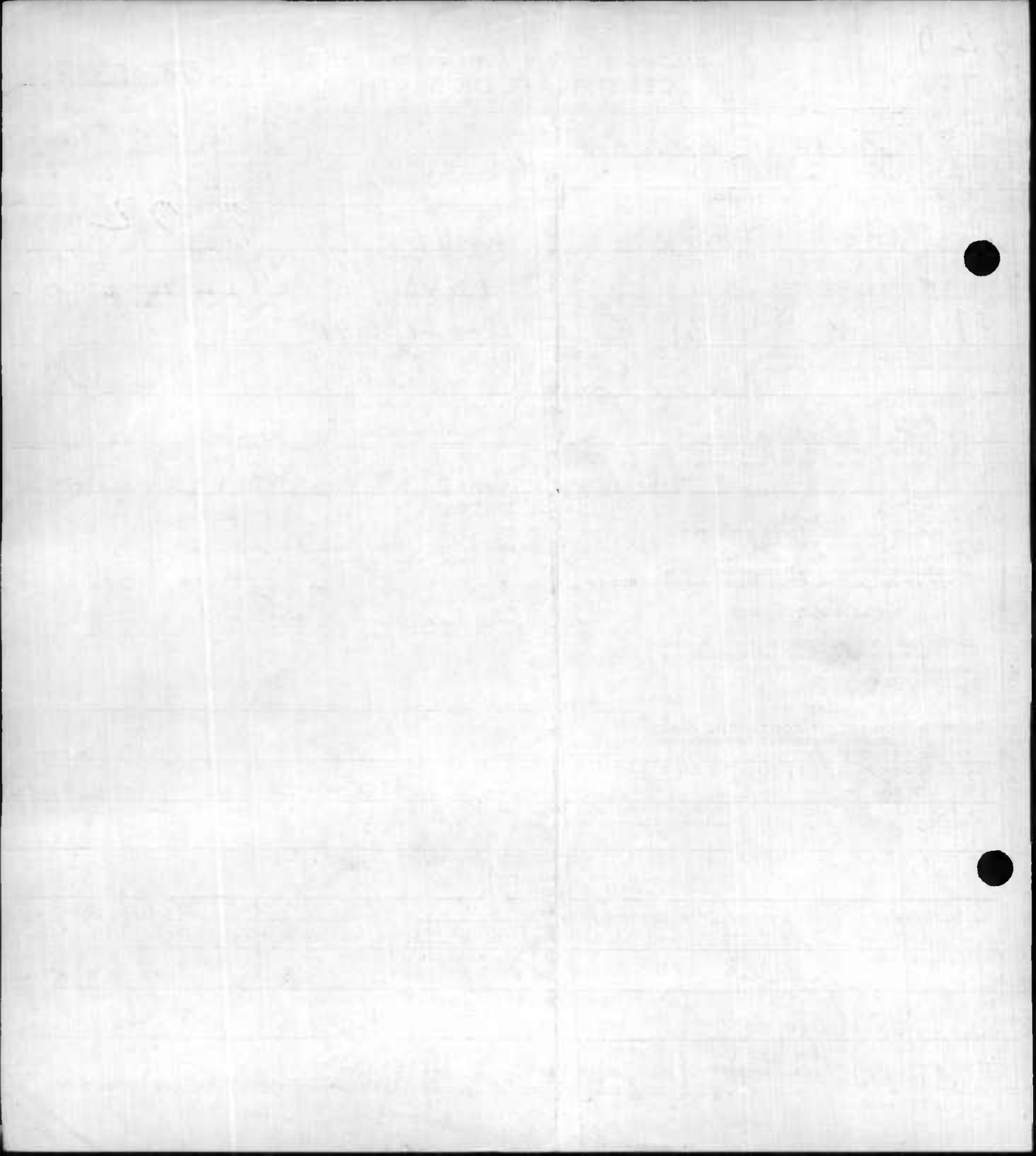
Registered No. 52-5586

1. NAME OF DECEASED (Type or Print) John Rohmer		2. DATE OF DEATH 6-14-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Md. B. COUNTY Balto.	
B. FULL NAME OF HOSPITAL OR INSTITUTION Md Gen. Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1808 N. Callington Ave #13	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Aug 31, 1891
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Refinery		9. AGE (In years, last birthday) 60	
10B. KIND OF BUSINESS OR INDUSTRY Refinery		11. BIRTHPLACE (State or foreign country) Balto.	
13. FATHER'S NAME Peter Rohmer		12. CITIZEN OF WHAT COUNTRY? USA	
14. MOTHER'S MAIDEN NAME Berthe Seiderer		17. INFORMANT ADDRESS 216-01-4951 Maria R. Rohmer - 1808 N Callington Ave	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (Yes, no or unknown)		16. SOCIAL SECURITY NO. 216-01-4951	

18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pertussis - colon laevis(?)		INTERVAL BETWEEN ONSET AND DEATH 1
DUE TO Ca transverse colon		
DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 6-3-52		19B. MAJOR FINDINGS OF OPERATION Ca transverse colon		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 6-2 , 19 52 to 6-14 , 19 52 , that I last saw the deceased alive on 6-14 , 19 52 , and that death occurred at 2:15 p.m. , from the causes and on the date stated above.				
23A. SIGNATURE W. K. Bender		23B. ADDRESS Md. Gen. Hosp.		23C. DATE SIGNED 6-14-52
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 6-17-52	24C. NAME OF CEMETERY OR CREMATORY Balto. Cemetery	24D. LOCATION (City, town, or county) (State) North Ave. Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 16 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS 2435 E. Oliver St		

97046



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 5587

660
BIRTH NO. 52 5587

1. NAME OF DECEASED (Type or Print) JOHN BREWER			2. DATE OF DEATH June 15, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2611 Hampden Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH March 15, 1943		9. AGE (In years last birthday) 9
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Russell N. Brewer			14. MOTHER'S MAIDEN NAME Laura E. Rooser		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Russell N. Brewer - 1626 Hampden Ave		

18. E929.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) Drowning			
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) beach		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Balto. County	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY June 15, 1952 p.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Drowned while bathing at beach.	
22. I certify that I took charge of the remains described above, held an <u>inspection & inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. B. Fisher		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED June 16, 1952	

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 6-19-52		24C. NAME OF CEMETERY OR CREMATORY Harriette Park Cem		24D. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR		ADDRESS	
JUN 16 1952		H. A. Williams		John E. Miller Inc. 2435 E. Olney St			

VS 151 **N 990X**

MEDICAL CERTIFICATION

2275

CHURCH OF THE HOLY TRINITY

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 5588

Registered No.

52 5588

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Robert E. Giblin,

2. DATE
OF
DEATH

June 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

341 Tunbridge Road,

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore,

D. STREET ADDRESS (If rural, give location)

341 Tunbridge Road,

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married,

8. DATE OF BIRTH

March
May 24, 1897

9. AGE (in years last birthday)

55

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Executive Industrial Relations

10B. KIND OF BUSINESS OR INDUSTRY

Western Elec. Co.

11. BIRTHPLACE (State or foreign country)

Delaware County, Ohio.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Thomas Giblin,

ELEC. APP. (A)

14. MOTHER'S MAIDEN NAME

Bridget Quin,

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.
215-03-9602

17. INFORMANT

ADDRESS

Mrs. Margaret R. Giblin, 341 Tunbridge Rd.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

CORONARY OCCLUSION ?

Sudden

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

CORONARY ARTERIOSCLEROSIS

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Sudden death while asleep.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-18, 1948, to 1-29, 1949 that I last saw the deceased alive on 1-29, 1949, and that death occurred at 2:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

J. Nelson Carey

23B. ADDRESS

1014 St. Paul St.

23C. DATE SIGNED

6-16-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

June 18, 1952

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Walliquis, M.D.

25. FUNERAL DIRECTOR

ADDRESS

4611 Park Heights Av

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of medical examiner		12. Signature of coroner	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery	
16. Signature of hospital		17. Signature of nursing home		18. Signature of other institution	
19. Signature of family		20. Signature of friends		21. Signature of neighbors	
22. Signature of community		23. Signature of church		24. Signature of school	
25. Signature of other		26. Signature of other		27. Signature of other	
28. Signature of other		29. Signature of other		30. Signature of other	
31. Signature of other		32. Signature of other		33. Signature of other	
34. Signature of other		35. Signature of other		36. Signature of other	
37. Signature of other		38. Signature of other		39. Signature of other	
40. Signature of other		41. Signature of other		42. Signature of other	
43. Signature of other		44. Signature of other		45. Signature of other	
46. Signature of other		47. Signature of other		48. Signature of other	
49. Signature of other		50. Signature of other		51. Signature of other	
52. Signature of other		53. Signature of other		54. Signature of other	
55. Signature of other		56. Signature of other		57. Signature of other	
58. Signature of other		59. Signature of other		60. Signature of other	
61. Signature of other		62. Signature of other		63. Signature of other	
64. Signature of other		65. Signature of other		66. Signature of other	
67. Signature of other		68. Signature of other		69. Signature of other	
70. Signature of other		71. Signature of other		72. Signature of other	
73. Signature of other		74. Signature of other		75. Signature of other	
76. Signature of other		77. Signature of other		78. Signature of other	
79. Signature of other		80. Signature of other		81. Signature of other	
82. Signature of other		83. Signature of other		84. Signature of other	
85. Signature of other		86. Signature of other		87. Signature of other	
88. Signature of other		89. Signature of other		90. Signature of other	
91. Signature of other		92. Signature of other		93. Signature of other	
94. Signature of other		95. Signature of other		96. Signature of other	
97. Signature of other		98. Signature of other		99. Signature of other	
100. Signature of other		101. Signature of other		102. Signature of other	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5589

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Frances Rose Papa.		2. DATE OF DEATH June 15, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION 4015 Reisterstown Road,		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore,	
C. Length of stay in Baltimore 28 years		D. STREET ADDRESS (If rural, give location) 3030 W. Garrison Ave.,	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 15, 1905
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		11. BIRTHPLACE (State or foreign country) Rochester, N. Y.	
10B. KIND OF BUSINESS OR INDUSTRY at home		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Carmen Gianforte,		14. MOTHER'S MAIDEN NAME Josephine Liberto.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT		ADDRESS Mr. John Papa, 3030 W. Garrison Ave.,	

18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Carcinoma Left Breast DUE TO metastases to both lungs (B) _____ DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH Sept 1951
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION Sept 1951		19B. MAJOR FINDINGS OF OPERATION Adenocarcinoma of Left Breast		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 1, 1951 to June 15, 1952 , that I last saw the deceased alive on June 15, 1952 , and that death occurred at 6 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Nigelton E. Lowman			23B. ADDRESS 4843 Park Heights Av.		23C. DATE SIGNED 6/16/52
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE June 17, 1952		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer,	
				24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 16 1952		REGISTRAR'S SIGNATURE Huntington Williams, MD		25. FUNERAL DIRECTOR B. Vernon Lemmon	
				ADDRESS 4611 Park Heights Ave.	

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STATE OF NEW YORK
 DEPARTMENT OF HEALTH
 CERTIFICATE OF DEATH

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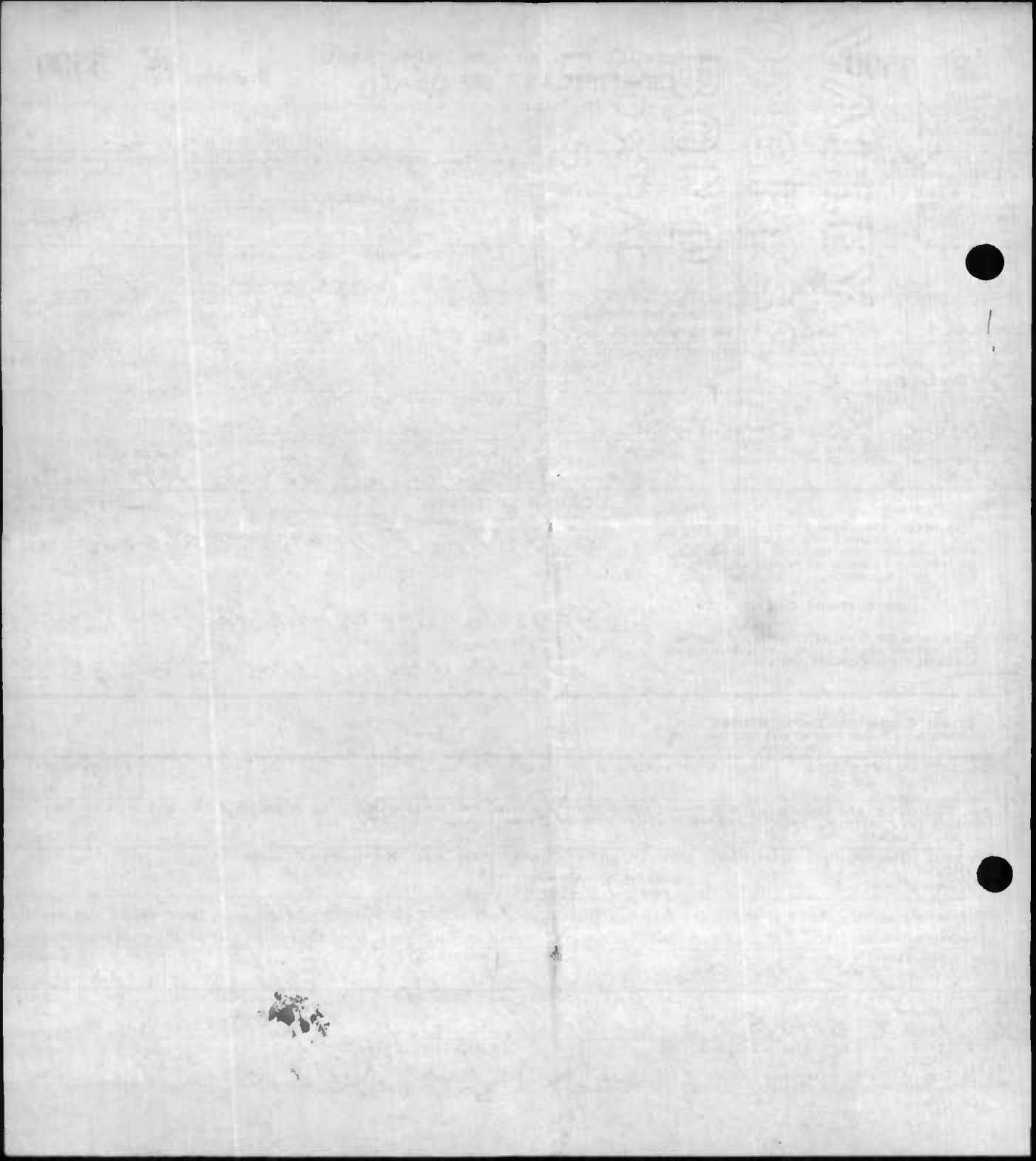
1/4

142
52 5590

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5590

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Sablowski Leona</i>		2. DATE OF DEATH <i>6-13-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>1447 Reynolds St</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>South Baltimore General Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 24-01</i>			
C. Length of stay in Baltimore <i>48</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1447 Reynolds St.</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>Aug 17, 1904</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <i>48</i>	
11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>		12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>John Jablonski</i>	
14. MOTHER'S MAIDEN NAME <i>unknown</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT <i>Joseph Sablowski</i>		ADDRESS <i>1447 Reynolds St</i>		18. <i>420.0</i> CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Cerebral hemorrhage days</i>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(B) <i>Hypertensive cardio vascular disease</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) <i>Arteriosclerosis heart disease years</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>6-12</i> , 19 <i>52</i> to <i>6-13</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>6-13</i> , 19 <i>52</i> and that death occurred at <i>6.30</i> pm., from the causes and on the date stated above.					
23A. SIGNATURE <i>Regina del Campo</i>		23B. ADDRESS <i>1213 7th street</i>		23C. DATE SIGNED <i>6-13-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24B. DATE <i>6/17/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Rosary</i>	
24D. LOCATION (City, town, or county) <i>Balto. Md.</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 16 1952</i>		24F. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
24G. FUNERAL DIRECTOR <i>Chas. E. Dill</i>		24H. ADDRESS <i>15016 Fort Ave</i>			



534
52 5591

52

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Peter Schmittel</i>		2. DATE OF DEATH <i>6-13-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto -</i>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION <i>638 S. Kenwood Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto - Md 1-03</i>	
c. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>638 S. Kenwood Ave</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>9-6-76</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Maintenance</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Franklin Bldg.</i>	9. AGE (In years last birthday) <i>75</i>
13. FATHER'S NAME <i>?</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore Md.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>	
16. SOCIAL SECURITY NO. <i>?</i>		14. MOTHER'S MAIDEN NAME <i>?</i>	
17. INFORMANT <i>Cecilia Finkelstein</i>		ADDRESS <i>- same</i>	

18. <i>422.1</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Arteriosclerotic Cardiovascular Disease.</i>	<i>2 yrs.</i>
ANTECEDENT CAUSES	(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *November 1951* to *June*, 1952 that I last saw the deceased alive on *June 12* 1952 and that death occurred at *2:40 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Clarence W. Drou</i>	23B. ADDRESS <i>3023 Eastern Ave.</i>	23C. DATE SIGNED <i>6/14/52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>6-17-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Cook Lawn</i>	24D. LOCATION (City, town, or county) (State) <i>Balto - Md</i>
--	-----------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 16 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Lilly & Feilbach</i>	ADDRESS <i>403 S. Wolfe St.</i>
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MEDICAL CERTIFICATION

CERTIFICATE OF DEATH
Baltimore City Health Department

6/15/82

Alma S. Claver

Maryland

Baltimore

2011 W. Lombard St.

2011 W. Lombard St.

Life

OS

11/1/1902

W

W

W

USA

Virginia

None

None

Virginia Council

Timothy Edwards

1111 W. Lombard St. Baltimore, Md.

No

No

No

Handwritten signature and notes in the center of the page.

Vertical text on the right side, possibly a date or reference number.

Harry Point Virginia

Alger Place

6/15/82

6/15/82

A. T. Edwards, M.D. Baltimore, Md.

52 5593

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5593

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jeanie W.S. Gemmell

2. DATE
OF
DEATH

June 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3528 Buena Vista Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3528 Buena Vista Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

Female

White

Married

June 15, 1898

54

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Scotland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Shaw

14. MOTHER'S MAIDEN NAME

Annie White

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Ave.

David J. Gemmell 3528 Buena Vista

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral hemorrhage

hrs

DUE TO

ANTECEDENT CAUSES

(B)

Hypertension

?

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct (2) 1951, to 6/15, 1952, that I last saw the
deceased alive on 6/9, 1952, and that death occurred at 7 m., from the causes and on the date stated above.

23A. SIGNATURE

W. D. McJannet

M. D.

23B. ADDRESS

840 W. 36th St

23C. DATE SIGNED

6/16/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 18/52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cem.

24D. LOCATION (City, town, or county)

20th North

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 17 1952

Huntington Williams, Director E. Donovan - 3818 Roland
ave

CERTIFICATE OF DEATH

June 15, 1932

Jennie L. Gentry

Married

White

5023 Wood Vista Ave

5023 Wood Vista Ave.

BA

June 15, 1932

Married

White

Female

Scottland

Scottland

White

White

Age

David L. Gentry 5023 Wood Vista Ave.

Signature of Physician

Signature of Registrar

Signature of Coroner

Signature of Burial Officer

Signature of Minister

Signature of Undertaker

52 5594

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5594

Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Melvin H. Harrison.		June 15, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION		A. STATE Maryland	
3108 Chestnut Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-05	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 3108 Chestnut Ave	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 25, 1885
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painting Inspector	10B. KIND OF BUSINESS OR INDUSTRY Balto City	9. AGE (In years last birthday) 66	11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME Thomas Harrison.		12. CITIZEN OF WHAT COUNTRY? U.S.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME Minerva Taylor	
16. SOCIAL SECURITY NO.		17. INFORMANT Alice Harrison 3108 Chestnut Ave.	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) Cerebral Hemorrhage DUE TO	INTERVAL BETWEEN ONSET AND DEATH June 10, 1952
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Atherosclerosis CVD DUE TO	7.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 10-3-39, 19, to Jan 15, 1952, that I last saw the deceased alive on Jan 15, 1952, and that death occurred at 5:40 p. m., from the causes and on the date stated above.		
23A. SIGNATURE Lawrence J. Lehman	23B. ADDRESS 3711 Ball Rd	23C. DATE SIGNED 6-16-52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE June 18/52	24C. NAME OF CEMETERY OR CREMATORY Woodlawn
24D. LOCATION (City, town, or county) Woodlawn, Md.	24E. FUNERAL DIRECTOR Huntington Williams, 210 93 5 9 1	24F. ADDRESS 3818 Roland Ave
DATE RECEIVED BY LOCAL REGISTRAR JUN 17 1952		

MEDICAL CERTIFICATION

107-2703 H 2450

Page 9 of 11

1991

460
52 5595ZELLER
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5595
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

REBECCA

2. DATE
OF
DEATH

ZELLER 6-17-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Greenspring & Belvedere Ave.
Levindale Aged Home4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 15-38

C. Length of stay in Baltimore

66 yrs.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2611 Elsinor Avenue

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

March 29, 1871

9. AGE (In years
last birthday)

81

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Austria

12. CITIZEN OF
WHAT COUNTRY?
USA

13. FATHER'S NAME

Jesse Sagner

14. MOTHER'S MAIDEN NAME

Sarah ??

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Samuel B. Scheer-2803 Mt. Holly Street

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary thrombosis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

1 hour

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

arteriosclerosis

DUE TO

years

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1 1949 to 6-17 1952 that I last saw the
deceased alive on 6-17 1952 and that death occurred at 3:30 m., from the causes and on the date stated above.

23A. SIGNATURE

Henry Nagel M. D.

23B. ADDRESS

Levindale Home

23C. DATE SIGNED

6-17-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 17, 1952

24C. NAME OF CEMETERY OR CREMATORY

Beth Tfiloh Cong.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 17 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Solomon & Rose - 1124-26 W.
North Avenue

ADDRESS

Mo.
43 91

52 5596

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5596

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

IRVING SUNDICK

2. DATE
OF
DEATH

6/16/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

SINAI HOSPITAL

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9. AGE (in years
last birthday)

49

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Max

14. MOTHER'S MAIDEN NAME

Sarah

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Benjamin Sundick - Same

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

CORONARY ATTACK

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)DIABETIC VASCULAR
DISEASEII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

6/16/52

19B. MAJOR FINDINGS OF OPERATION

SYMPATRECTOMY

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/9/52, 1952, that I last saw the
deceased alive on 6/16/52, 1952, and that death occurred at 11:45 Am., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

SINAI HOSPITAL

23C. DATE SIGNED

6/16/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6-17-52

24C. NAME OF CEMETERY OR CREMATORY

Herring Run

24D. LOCATION (City, town, or county)

Baltimore

(State)

MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Jack Lewis 2100 Canton Rd

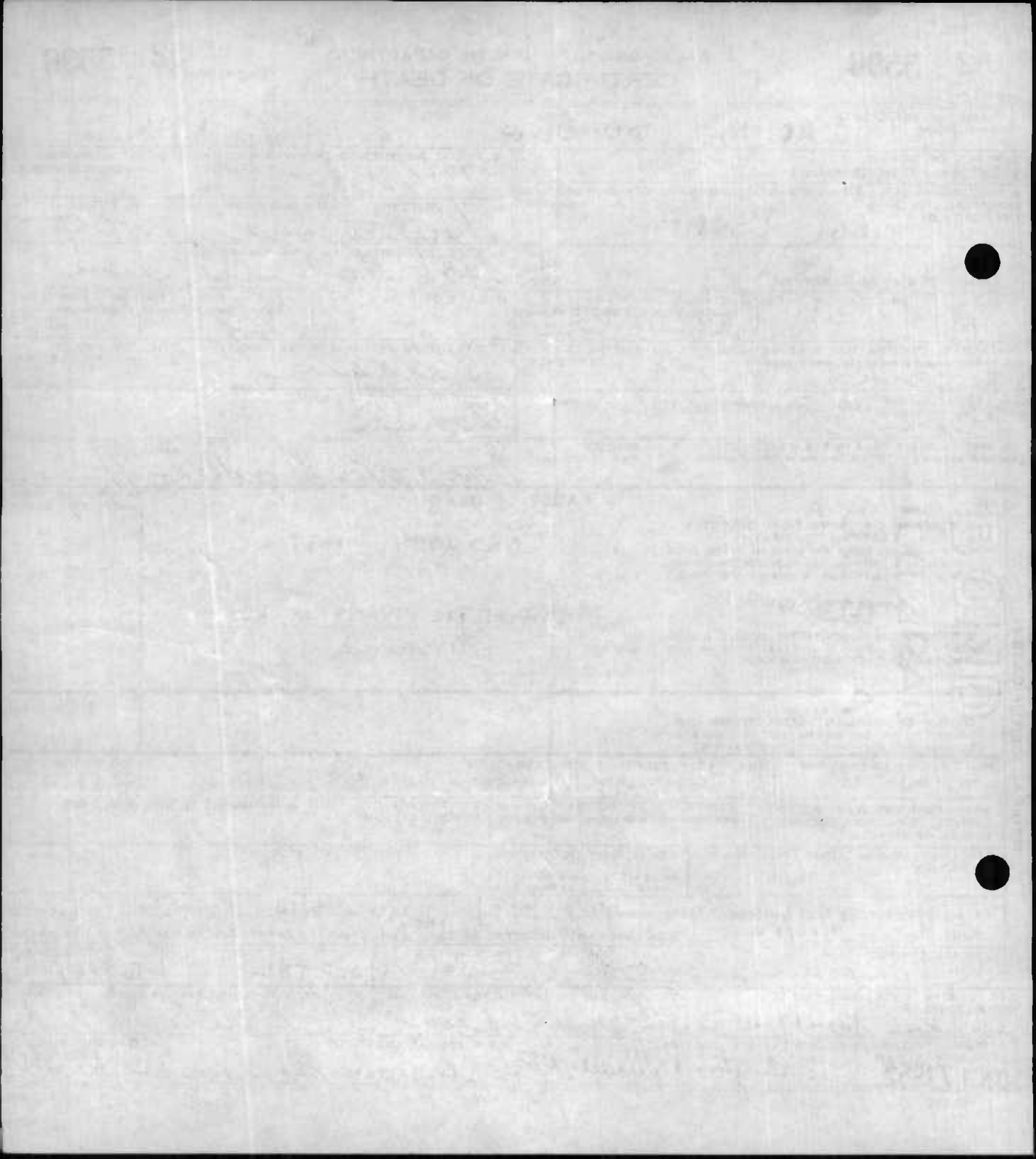
ADDRESS

JUN 17 1952

VS 150

3690 99

MEDICAL CERTIFICATION



435
52 5597

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5597
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) JULIUS GOKLINER		2. DATE OF DEATH 6-17-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) Doctors Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 3-02			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1119 E. Baltimore St			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH	9. AGE (In years last birthday) 52	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Russia	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Hershel		14. MOTHER'S MAIDEN NAME Annie	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Lennie Goldner - Lanie	
18. 443X and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cerebral Vascular Accident with Hemiplegia DUE TO Degenerative Cardio-vascular Disease with Hypertension ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Diabetes mellitus Bronch. pneumonia		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 5 days ? ? 36 hours	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1950 to 6-17 , 19 52 , that I last saw the deceased alive on 6-16 , 19 52 , and that death occurred at 5:57 am., from the causes and on the date stated above.					
23A. SIGNATURE A. A. Inoua		23B. ADDRESS 1109 N. Calvert St		23C. DATE SIGNED 6-17-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-17-52		24C. NAME OF CEMETERY OR CREMATORY Hebrew Young men	
24D. LOCATION (City, town, or county) (State) Balto, Md		24E. FUNERAL DIRECTOR Jack Lewis		24F. ADDRESS 2100 Canton Rd	
DATE RECEIVED BY LOCAL REGISTRAR JUN 17 1952		REGISTRAR'S SIGNATURE Huntington Williams		5906E	

MEDICAL CERTIFICATION

Successor

52 5598

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 5598

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Mitchell

2. DATE OF DEATH
June 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION
(If not in hospital or institution, give street address or location)Pinecrest Sanatorium
600 S. Chapelgate Lane

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

28-04

D. STREET ADDRESS (If rural, give location)

408 Edsdale Rd

c. Length of stay in Baltimore

45 yrs

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 17, 1874

9. AGE (In years last birthday)

77

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Sheet Metal Worker

10B. KIND OF BUSINESS OR INDUSTRY

Worker

11. BIRTHPLACE (State or foreign country)

Canada

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Mitchell

14. MOTHER'S MAIDEN NAME

Susan Riches

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mabel Mitchell, 408 Edsdale Rd

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CHRONIC MYOCARDITIS AND MYOCARDIAL DEGENERATION

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ARTERIOSCLEROTIC HEART DISEASE
(C) GENERALIZED ARTERIOSCLEROSIS

DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 18, 1952, to June 16, 1952, that I last saw the deceased alive on June 15, 1952, and that death occurred at 8:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Melvin M. Borden

M. D.

23B. ADDRESS

5000 Old Frederick Rd

23C. DATE SIGNED

6/16/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 18/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Pk.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

4101 Edmondson Ave

JUN 17 1952

VS 150

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH

STATE OF NEW YORK

1911

DATE OF DEATH

1911

PLACE OF DEATH

NEW YORK

AGE

100

SEX

MALE

RACE

WHITE

EDUCATION

HIGH SCHOOL

RELIGION

PROTESTANT

MARRIAGE

SINGLE

DEATH

CAUSE

HEART

FAILURE

DATE

1911

PLACE

NEW YORK

AGE

100

SEX

MALE

RACE

WHITE

EDUCATION

HIGH SCHOOL

RELIGION

PROTESTANT

MARRIAGE

SINGLE

DEATH

CAUSE

HEART

FAILURE

DATE

1911

PLACE

NEW YORK

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5599
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Charles H. Stifler			2. DATE OF DEATH June 15, 52		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto.			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 820 McCabe Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-10		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 820 McCabe Ave.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH April 15		9. AGE (in years last birthday) 80
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Rayville Md.		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME William F.			14. MOTHER'S MAIDEN NAME Lucinda ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT ADDRESS Mrs. Carr 5904 Harford Rd.		

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary occlusion DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH Sudden
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. arterio-sclerotic heart disease DUE TO _____		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ?		

19A. DATE OF OPERATION 6/14/52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____		
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____		

22. I hereby certify that I attended the deceased from **6/9**, 19**52** to **6/14**, 19**52**, that I last saw the deceased alive on **6/14**, 19**52**, and that death occurred at **11 A.m.**, from the causes and on the date stated above.

23A. SIGNATURE J. Willis Huntington	23B. ADDRESS 3961 Greenmount Ave.	23C. DATE SIGNED 6/16/52
---	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/17/52	24C. NAME OF CEMETERY OR CREMATORY Pine Grove Cem.	24D. LOCATION (City, town, or county) (State) Rayville Md.
--	-----------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR JUN 17 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Paul A. Heemann 6067 Harford Rd.
--	---	---

3961 Greenmount Ave,

52 5600

LANZAVECCHIA
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5600
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Antonio Lanzavecchia

2. DATE
OF
DEATH

June 10-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
INSTITUTION

3931 Frisby Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 9-01

D. STREET ADDRESS (If rural, give location)

3931 Frisby Street

c. Length of stay in Baltimore

38 yrs

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

June 13-1877

9. AGE (In years last birthday)

75

If Under 1 Year Months: Days

0 2

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Penna. R.R.

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

717-09-785-9

17. INFORMANT

ADDRESS

Theresa Pottera

Argonne Dr.

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertension Cardio-vascular renal disease 5 yrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 12, 1952 to June 15, 1952 that I last saw the deceased alive on June 14, 1952, and that death occurred at 7:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Lloyd E. Taylor

M. D.

23B. ADDRESS

3902 Greenmount Ave.

23C. DATE SIGNED

June 16, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 18-1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town or county) (State)

Belair Rd. Balto Md.

DATE RECEIVED BY LOCAL HEALTH DEPARTMENT

JUN 17 1952

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

Joseph J. Jones, Inc. 2013 Greenmount Ave

ADDRESS

15 5000

15

RECEIVED BY THE SECRETARY OF THE

DEPARTMENT OF COMMERCE

15

15



52 5601

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5601

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HELEN CECLISTA BESS

2. DATE
OF
DEATH

June 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

C. Length of stay in Baltimore

4 yrs. 4 Mos. 4 Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Self-employed

10B. KIND OF BUSINESS OR INDUSTRY

Rooming House

13. FATHER'S NAME

Franklin Sewell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore,

D. STREET ADDRESS (If rural, give location)

1437 E. Eager Street - 5

8. DATE OF BIRTH

March 17, 1892

9. AGE (In years last birthday)

60

11 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Annie Sewell

17. INFORMANT

ADDRESS

18. 153X and 260X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Carcinoma Sigmoid Colon

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

19A. DATE OF OPERATION

June 12, 1952

19B. MAJOR FINDINGS OF OPERATION

Adenocarcinoma of lower sigmoid.

20. AUTOPSY?

YES ☒ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 6, 1952 to June 16, 1952, that I last saw the deceased alive on June 16, 1952, and that death occurred at 3:40am, from the causes and on the date stated above.

23A. SIGNATURE

A. Andrew Rees

M. D.

23B. ADDRESS

1400 N. Caroline Street -13

23C. DATE SIGNED

6-16-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

June 18, 1952

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Bloomersburg Pa

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 17 1952

Huntington Williams, M.D.

Mrs. Esth A. Ellist & Daughters

ADDRESS

VS 150

752 FB

1129 N. Caroline St

MEDICAL CERTIFICATION

STATE OF NEW YORK
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

IN SENATE

January 1, 1911

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52 5602

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 5602
Registered No. _____

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Ruth W Shores</i>		2. DATE OF DEATH <i>6/15/1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE _____ B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Franklin Square Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i> <i>24-03</i>	
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>1249 Battery Ave.</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M.</i>	8. DATE OF BIRTH <i>April 2/1899</i>
9. AGE (In years last birthday) <i>53</i>		10. Under 1 Year Months: _____ Days: _____	11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <i>Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>Charles Moran</i>		14. MOTHER'S MAIDEN NAME <i>Lillian Sullivan</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>J. Carroll Jones</i>		ADDRESS <i>1252 S. 1st St.</i>	

18. 446X I	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <u>Uremia</u>	
ANTECEDENT CAUSES	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <u>Renal insufficiency</u>	
	DUE TO	
	(C) <u>Pos. nephrosclerosis</u>	
II		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 6/13, 1942 to 6/15, 1942, that I last saw the deceased alive on 6/15, 1942 and that death occurred at 1035 p.m., from the causes and on the date stated above.

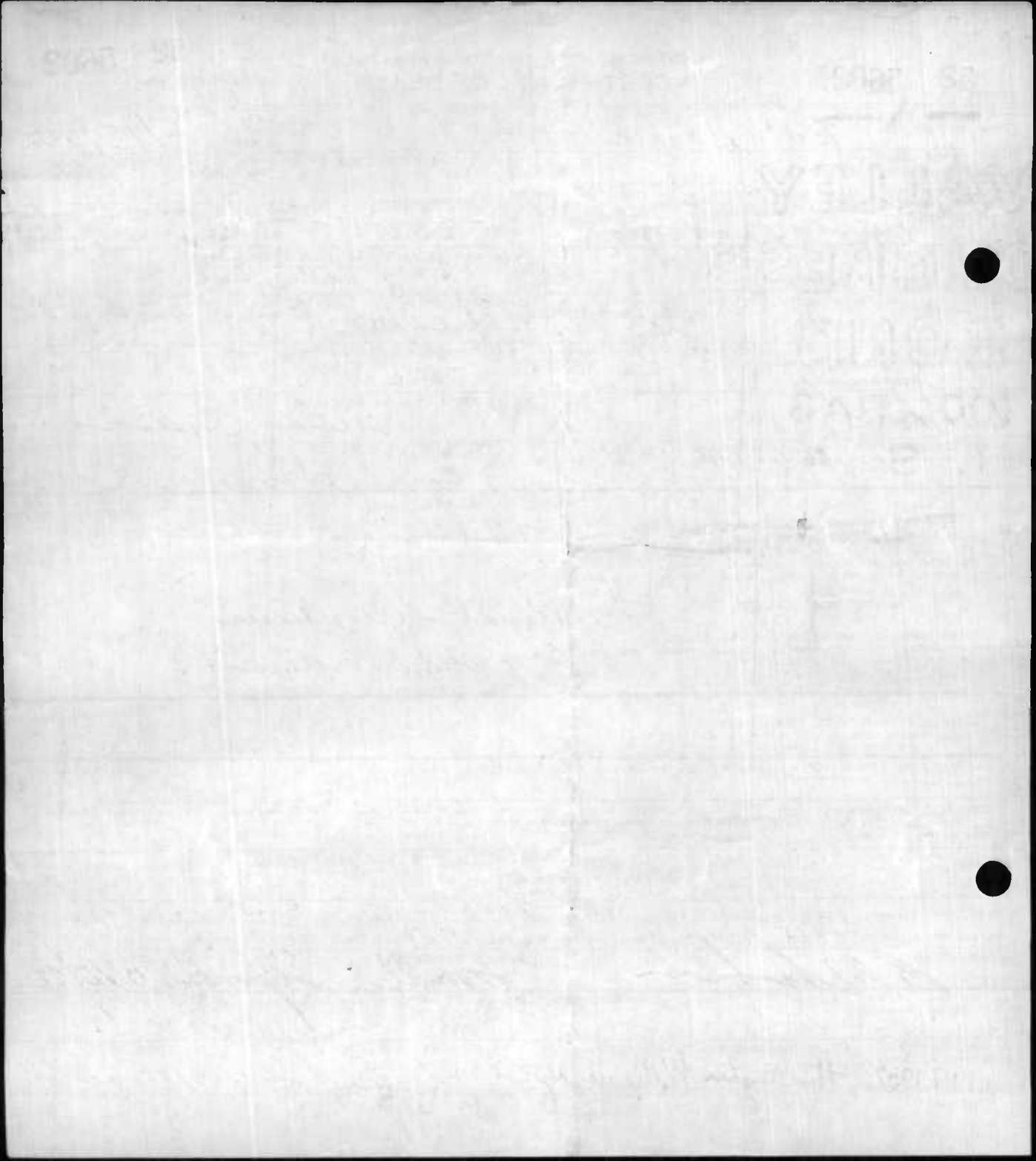
23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
<i>R. W. Kuntz</i>	<i>Franklin</i>	<i>June 6/5/54</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>6/17/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Lawson Park</i>	24D. LOCATION (City, Town, or County) (State) <i>Frederick Md</i>
DATE RECEIVED BY LOCAL REGISTRAR JUN 17 1952 VS. 150	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>J. G. Gabe, Son</i>	ADDRESS <i>1318 E. 4th St</i>

VS 150

9526683599

MEDICAL CERTIFICATION



632
52 5603BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5603
Registered No.

1. NAME OF DECEASED (Type or Print) ANNA M. BARTOSIAK		2. DATE OF DEATH June 15 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY Baltimore	
b. FULL NAME OF HOSPITAL OR INSTITUTION 2055 Gough Street		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 2-01	
c. Length of stay in Baltimore 43 days		d. STREET ADDRESS (If rural, give location) 2055 Gough Street	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH April 22 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		9. AGE (In years last birthday) 74 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.	
10b. KIND OF BUSINESS OR INDUSTRY House work		11. BIRTHPLACE (State or foreign country) Poland	
12. CITIZEN OF WHAT COUNTRY? Poland		13. FATHER'S NAME Dudzik	
14. MOTHER'S MAIDEN NAME Mary Polak		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT Stephanie Shea	
18. 443X		ADDRESS 2055 Gough St	

18. 443X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
CAUSE OF DEATH
Hypertensive Cardiovascular disease
DUE TO **Unine - chronic nephritis, years -**

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

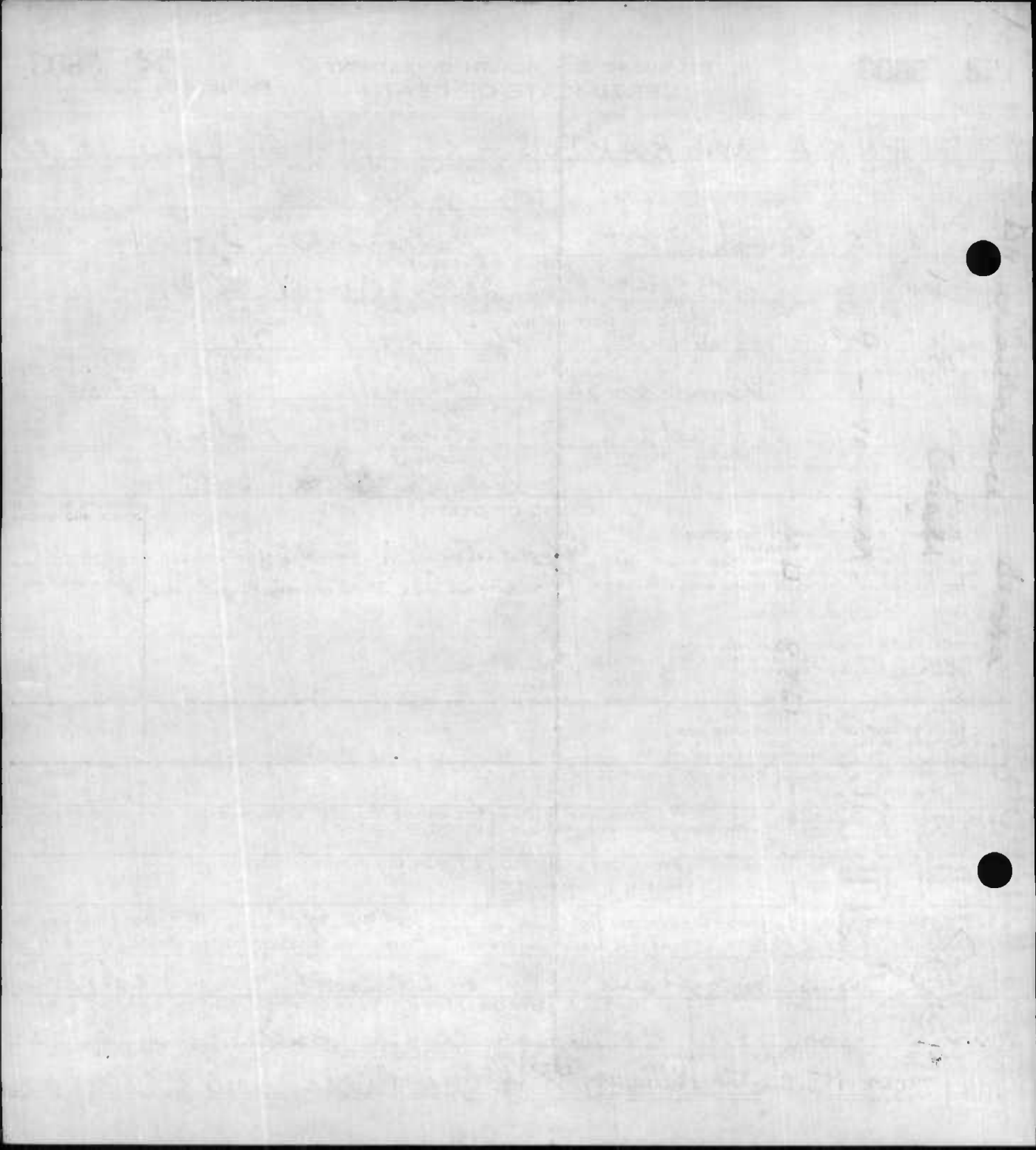
(A) DUE TO
(B) DUE TO
(C) DUE TOII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **9:15**, 19**50**, to **6:15**, 19**52**, that I last saw the deceased alive on **6/4/52**, and that death occurred at **9:15 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Lawrence J. Serra		23b. ADDRESS 11 E. Chase St		23c. DATE SIGNED 6/17/52	
--	--	---------------------------------------	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 19/52		24c. NAME OF CEMETERY OR CREMATORY Holy Rosary Cem		24d. LOCATION (City, town, or county) (State) Balta County	
DATE RECEIVED BY LOCAL REGISTRAR JUN 17 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR John A. Weber		ADDRESS 4010 Chester St	



52 5604

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5604
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JAMES ALBERT AHRENDTSEN (ANDERSON)		2. DATE OF DEATH June 15, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) US Public Health Service Hospital Wanam Pk. drive & 31st St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-03	
c. Length of stay in Baltimore ? Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2413A N. Calvert street	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3/2/95
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Manager of Accounting & Finance		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME James Ahrendtsen		14. MOTHER'S MAIDEN NAME Mary Jessen	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. 212-03-8575	
17. INFORMANT Records- US PHS Hospital, Balto, Md.		ADDRESS	

18. 544.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute gastric dilatation DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH Acute gastric dilatation DUE TO ?		INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION June 15, 1952		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 12, 1952 to June 15, 1952 , that I last saw the deceased alive on June 15, 1952 , and that death occurred at 6:30P m. , from the causes and on the date stated above.					
23A. SIGNATURE J.A. Hunter, Clinical Director		23B. ADDRESS US PHS Hospital, Balto, Md.		23C. DATE SIGNED 6/16/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) buried		24B. DATE 6/18/52		24C. NAME OF CEMETERY OR CREMATORY U. S. National Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR Wm. & Bock, Inc., 1217 St. Paul Street			
DATE RECEIVED BY LOCAL REGISTRAR JUN 17 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		ADDRESS	

1907

18

CERTIFICATE OF DEATH

1907

18

NAME OF DECEASED

RESIDENCE

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Signature of Physician

Signature of Registrar

Signature of Coroner

Signature of Minister

Signature of Justice

Signature of Sheriff

Signature of Constable

Signature of Undertaker

Signature of Burial

Signature of Cemetery

Signature of Church

Signature of School

Signature of Post Office

Signature of Town

Signature of County

Signature of State

Signature of Union

Signature of World

Signature of Universe

Signature of Everything

Signature of Nothing

Signature of Somewhere

Signature of Nowhere

Signature of Everywhere

Signature of Anywhere

Signature of Somewhere

Signature of Nowhere

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Signature of Anywhere

Signature of Somewhere

Signature of Nowhere

Signature of Everywhere

Signature of Anywhere

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Signature of Nowhere

Signature of Everywhere

Signature of Anywhere

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5605
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Margaret A. Mc Fadden

2. DATE
OF
DEATH

6/15/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2803 Garrison Blvd

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

13. FATHER'S NAME

John C. Yost

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. 12-02

D. STREET ADDRESS (If rural, give location)

3333 N. Charles St

8. DATE OF BIRTH

Jan. 16, 1864

9. AGE (In years last birthday)

11 Under 1 Year Months: Days
11 Under 24 Hours Hours Min.

88

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Catherine Glauber

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Minnie M. Glantz Kennedy

18. *422.1 and E902.7*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO

Cardio Vascular disease

INTERVAL BETWEEN ONSET AND DEATH

about 1 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Advanced arterio sclerosis

P

(C)

CERTIFICATION APPROVED BY

S. J. Penland

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Fracture Left Hip

CHIEF OR ASST. MEDICAL EXAMINER.

6/10/52

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Nursing Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Baltimore - at nursing home

21D. TIME (Month) (Day) (Year) (Hour) INJURY

Apr. 15 3:15 am

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell out of bed

22. I hereby certify that I attended the deceased from *Jan 7*, 19*52*, to *June 15*, 19*52*, that I last saw the deceased alive on *June 15*, 19*52*, and that death occurred at *1:19* m., from the causes and on the date stated above.

23A. SIGNATURE

David S. Tibbitts

23B. ADDRESS

2220 Garrison Blvd

23C. DATE SIGNED

June 16/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/18/52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Parkville Md.

DATE RECEIVED BY LOCAL REGISTRAR

JUN 17 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm Cook Inc. 1217 St. Paul St.

ADDRESS

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

STATE OF NEW YORK

County of ...

City of ...

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52 5606

52 5606

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

JOHN DAVID ROBINSON

2. DATE
OF
DEATH

June 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3620 Forest Park Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3620 Forest Park Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Mar. 28, 1874

9. AGE (In years
last birthday)

78

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Owner Rtd.

10B. KIND OF BUSINESS OR
INDUSTRY
Hotel & Restaurant

11. BIRTHPLACE (State or foreign country)

South Carolina

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Robinson

14. MOTHER'S MAIDEN NAME

Salena Glantz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Elizabeth A. Robinson - 3620 Forest Park Ave.

18. 610X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cerebral Vascular Hemorrhage

24 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertension due
to atherosclerosis -

months

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from John 15, 19, to June 15, 1952, that I last saw the
deceased alive on 8/4, 1952 and that death occurred at 5:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

6/17/52

Green Mount Cem.

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 17 1952

Huntington Williams

Wm. J. Scheyer & Sons

Balto 17 Md.

22

350
52 5607

52 5607

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____		
1. NAME OF DECEASED (Type or Print) WILLIAM E. NEWTON		2. DATE OF DEATH June 15, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____
B. FULL NAME OF HOSPITAL OR INSTITUTION 205 Witherspoon Rd.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-12
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 205 Witherspoon Rd.
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10B. KIND OF BUSINESS OR INDUSTRY Wholesale Toys
13. FATHER'S NAME Louis Howard Newton		14. MOTHER'S MAIDEN NAME Mary Frances Peregoy
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) none		16. SOCIAL SECURITY NO. none
17. INFORMANT Mrs. Lawrence Biemiller - 205 Witherspoon		ADDRESS Rd.

18. 450.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia (A) _____ DUE TO _____	CAUSE OF DEATH arteriosclerosis (B) _____ DUE TO _____ (C) _____	INTERVAL BETWEEN ONSET AND DEATH 2 weeks 1 year.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

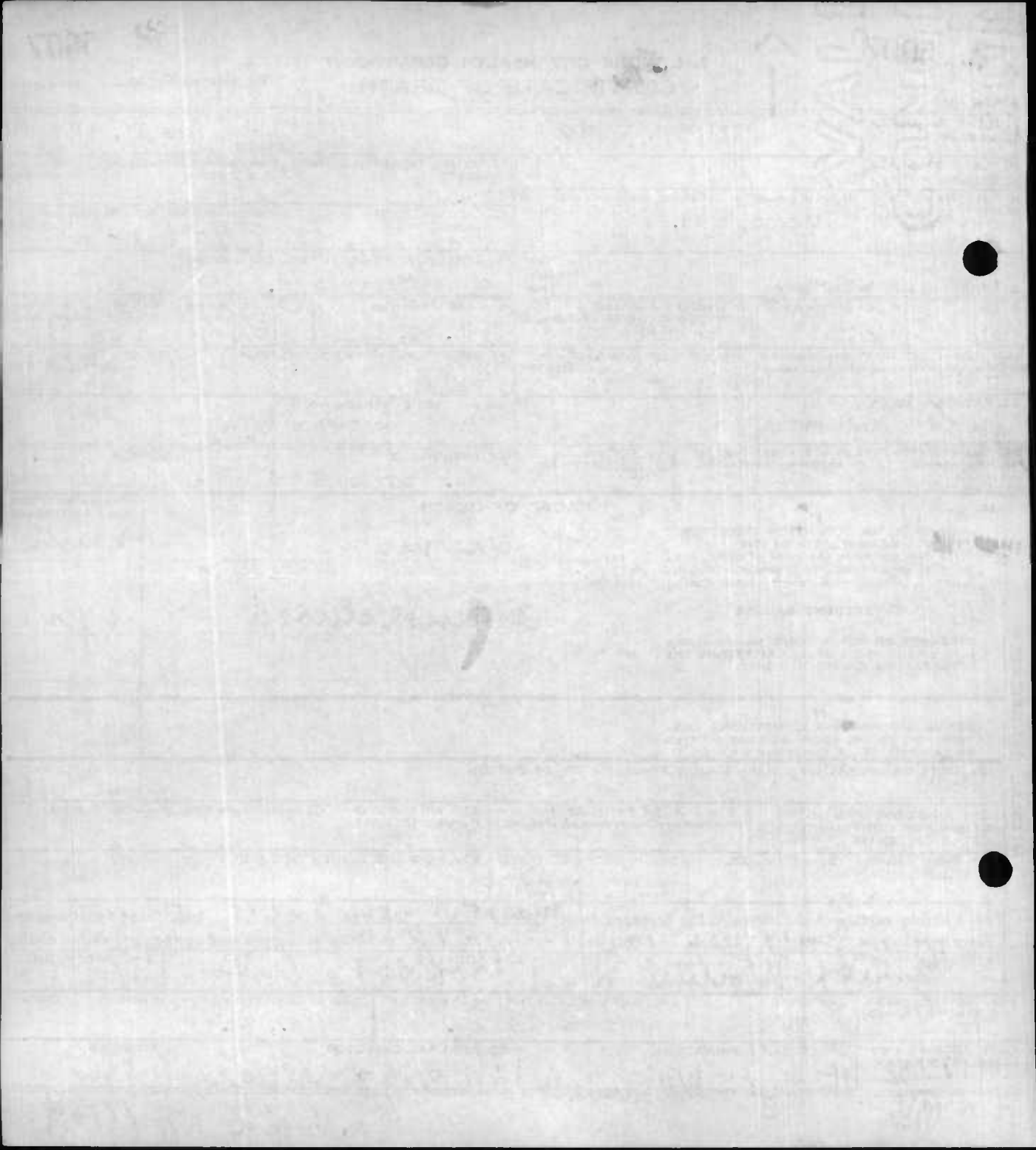
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 15, 1952** to **June 15, 1952**, that I last saw the deceased alive on **June 14, 1952**, and that death occurred at **1 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE Edmund H. Mortimer Jr.	23B. ADDRESS 2706 St Paul St	23C. DATE SIGNED 6/15/52
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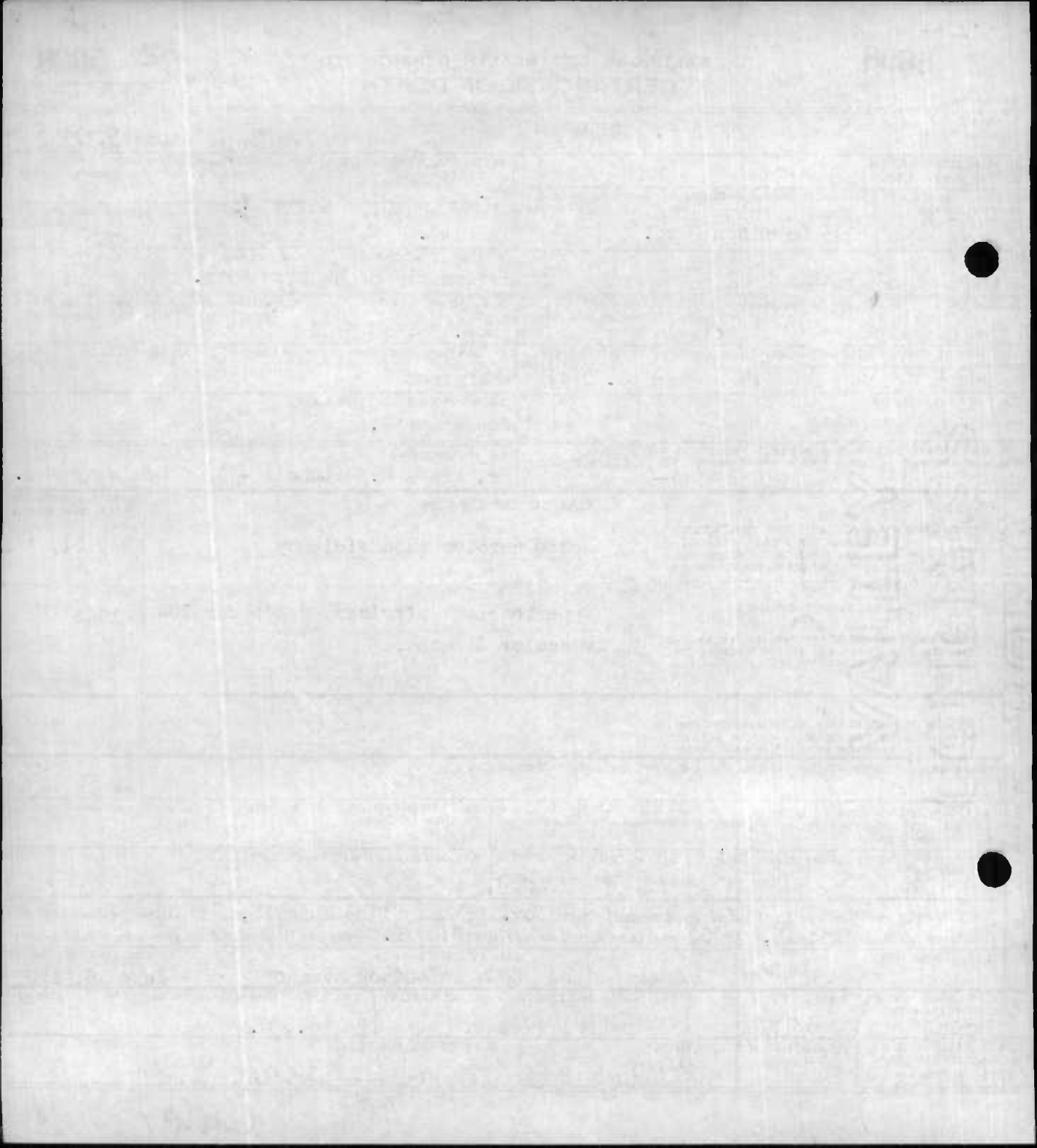
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/18/52	24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.
--	-----------------------------	---	---

DATE RECEIVED BY JUN 17 1952	REGISTRAR'S SIGNATURE Huntington Williams, Jr.	25. FUNERAL DIRECTOR Wm. J. Fisher & Sons	ADDRESS 2906 F Balto 17, Md.
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324
52 5608BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5608
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		IRENE B. MITCHELL		2. DATE OF DEATH June 15, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Haven Nursing Home 4515 Garrison Blvd.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.			
C. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) formerly of Hopkins Apts. 31st St.			
5. SEX female		6. COLOR OR RACE white		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH Mar. 15, 1872	
9. AGE (in years last birthday) 80		10. UNDER 1 Year Months Days		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher				10B. KIND OF BUSINESS OR INDUSTRY Balto. City			
13. FATHER'S NAME James Mitchell				14. MOTHER'S MAIDEN NAME Josephine I. Free			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. --			
17. INFORMANT Mr. Frank W. Mitchell				ADDRESS - 3800 Callaway Ave.			
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ACUTE CARDIAC INSUFFICIENCY DUE TO HYPERTENSIVE ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH May 31, '52 1945			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. TIME (Month) (Day) (Year) (Hour) INJURY		21F. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from Nov. 2, 1945, to June 15, 1952 that I last saw the deceased alive on June 15, 1952, and that death occurred at 2:00 Pm., from the causes and on the date stated above.							
23A. SIGNATURE George J. Russo				23B. ADDRESS M. D. 3030 Edmondson Avenue		23C. DATE SIGNED June 16, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/17/52		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.		24D. LOCATION (City, town, or county) (State) Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 17 1952		REGISTRAR'S SIGNATURE Huntington Williams M.D.		25. FUNERAL DIRECTOR J. J. Tichener & Sons		ADDRESS Balto 17, Md	



523

52 5609

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5609

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Nellie R. Meinster (MEINSTER)

2. DATE
OF
DEATH

6-16-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Md. Gen. Hosp.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived, If institution; residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

Second St.

8. DATE OF BIRTH

8 June '20

9. AGE (In years
last birthday)

32

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Mary Taylor

17. INFORMANT

ADDRESS

Leon Meinster Potomac Md.

18. 231X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

6-16-52

19B. MAJOR FINDINGS OF OPERATION

Bronchial tumor left

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-15, 1952 to 6-16, 1952, that I last saw the
deceased alive on 6-15, 1952, and that death occurred at 11:45 a. m., from the causes and on the date stated above.

23A. SIGNATURE

W. R. Brader

23B. ADDRESS

Md. St. Hosp

23C. DATE SIGNED

6-16-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremation

24B. DATE

6/17/52

24C. NAME OF CEMETERY OR CREMATORY

Greenmount Crematory

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

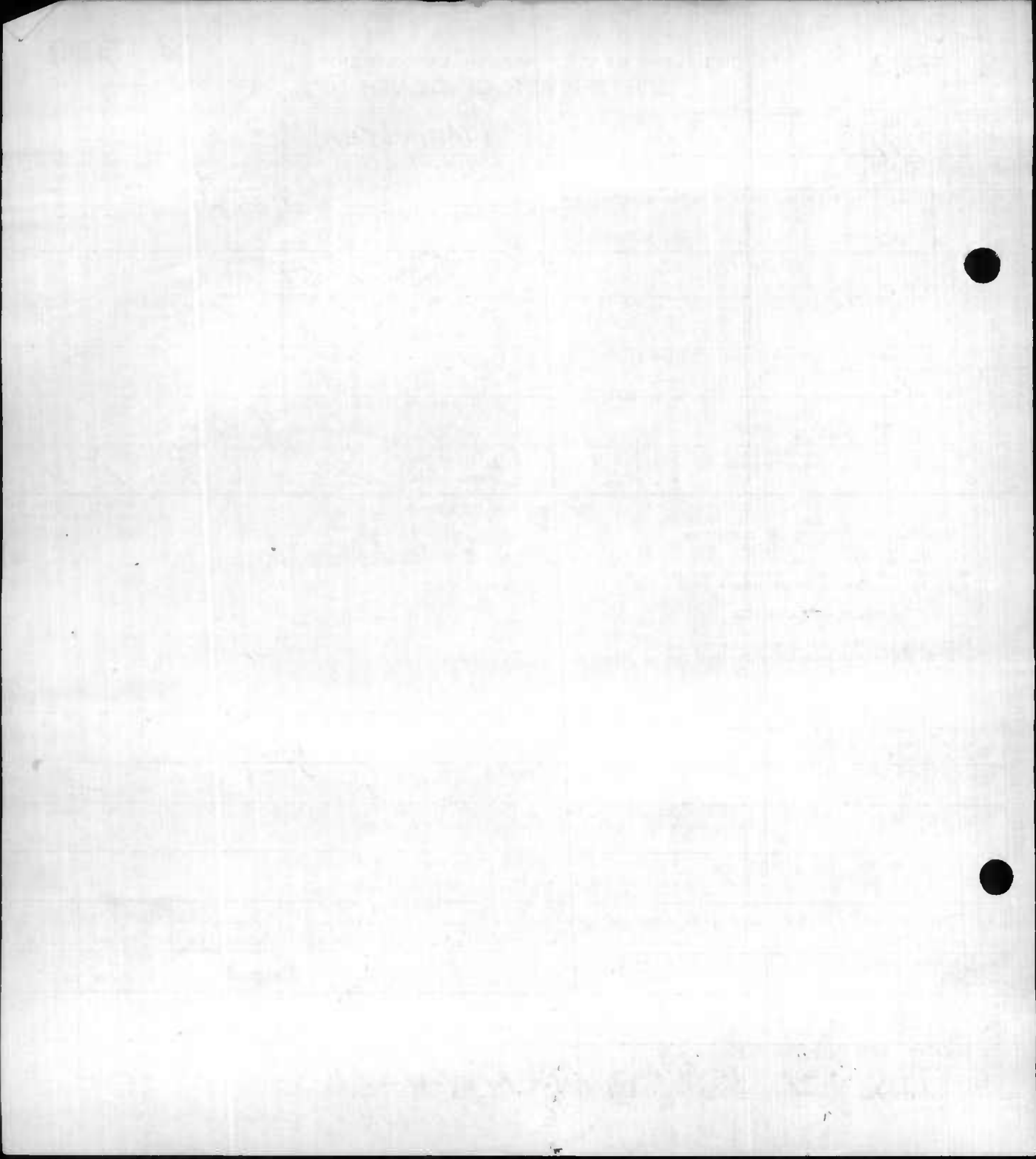
Huntington, William M.

25. FUNERAL DIRECTOR

ADDRESS

William G. Dickner & Sons

North & Penna. Aves



656
52 5610BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5610
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SARAH REBECCA CREAMER

2. DATE
OF DEATH June 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Methodist Home for the Aged

2211 W. Rogers Ave.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH

Mar. 19, 1855

9. AGE (In years
last birthday)

97

If Under 1 Year Months Days
If Under 24 Hours Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas Creamer

14. MOTHER'S MAIDEN NAME

Jane L. Braun

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mamie B. Fisher - 2211 W. Rogers Av

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

(C)

3 days

1 year

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5:00 p.m., 1952 to 15 June, 1952 that I last saw the
deceased alive on 12 June, 1952 and that death occurred at 12:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

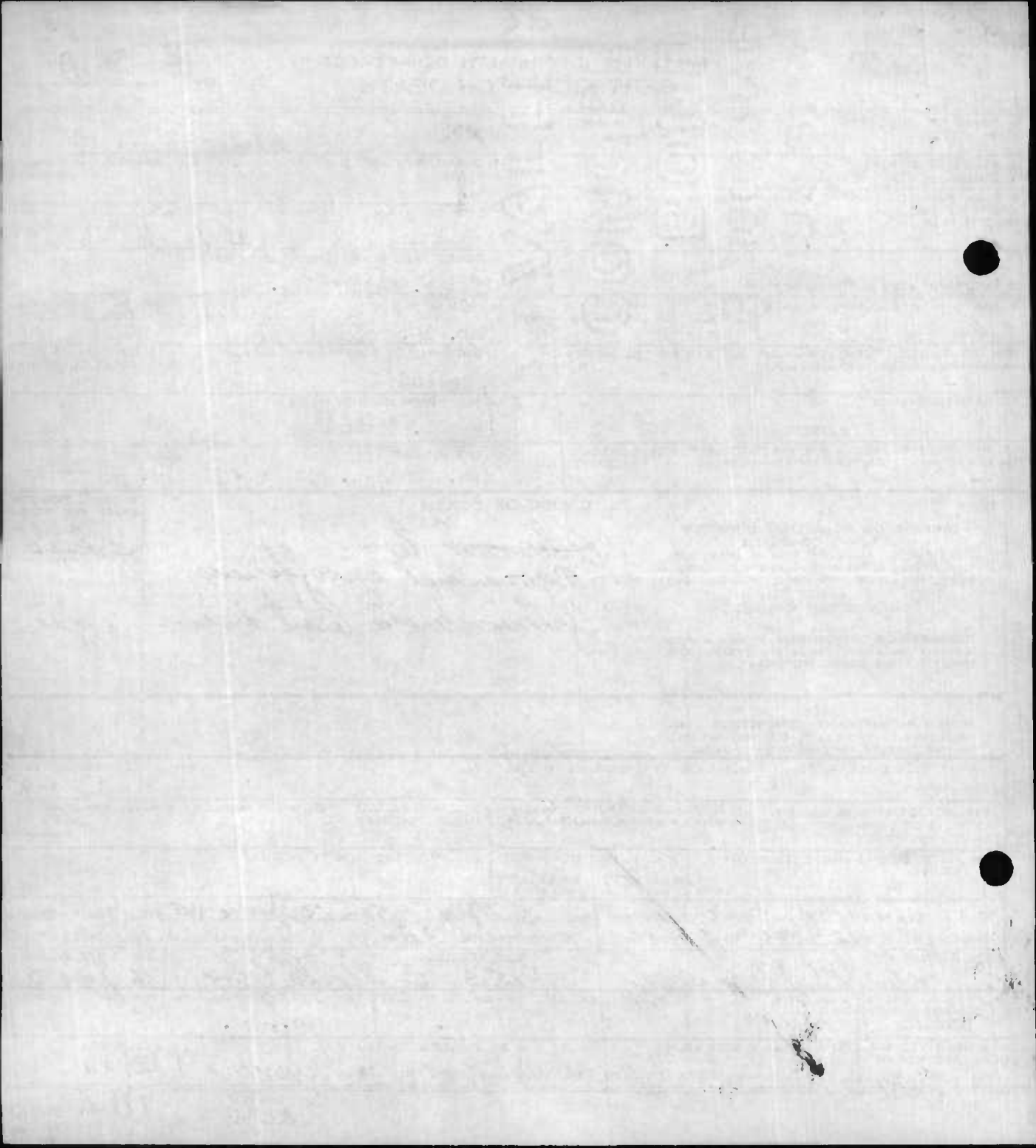
25. FUNERAL DIRECTOR

ADDRESS

JUN 17 1952

VS 150

Huntington Williams, M.D. & Sons
Baltimore, Md.



52 5611

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5611
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM

GRAVETT, EL.

2. DATE
OF
DEATH

June 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Franklin Square Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 24, 1901

9. AGE (In years
last birthday)

51

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Gen.

11. BIRTHPLACE (State or foreign country)

Belzoin Ohio

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Gravett sn.

14. MOTHER'S MAIDEN NAME

Katie

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Bockett Funeral Home Newark N.J.

18. 443X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

R. S. Fisher M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
June 16, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

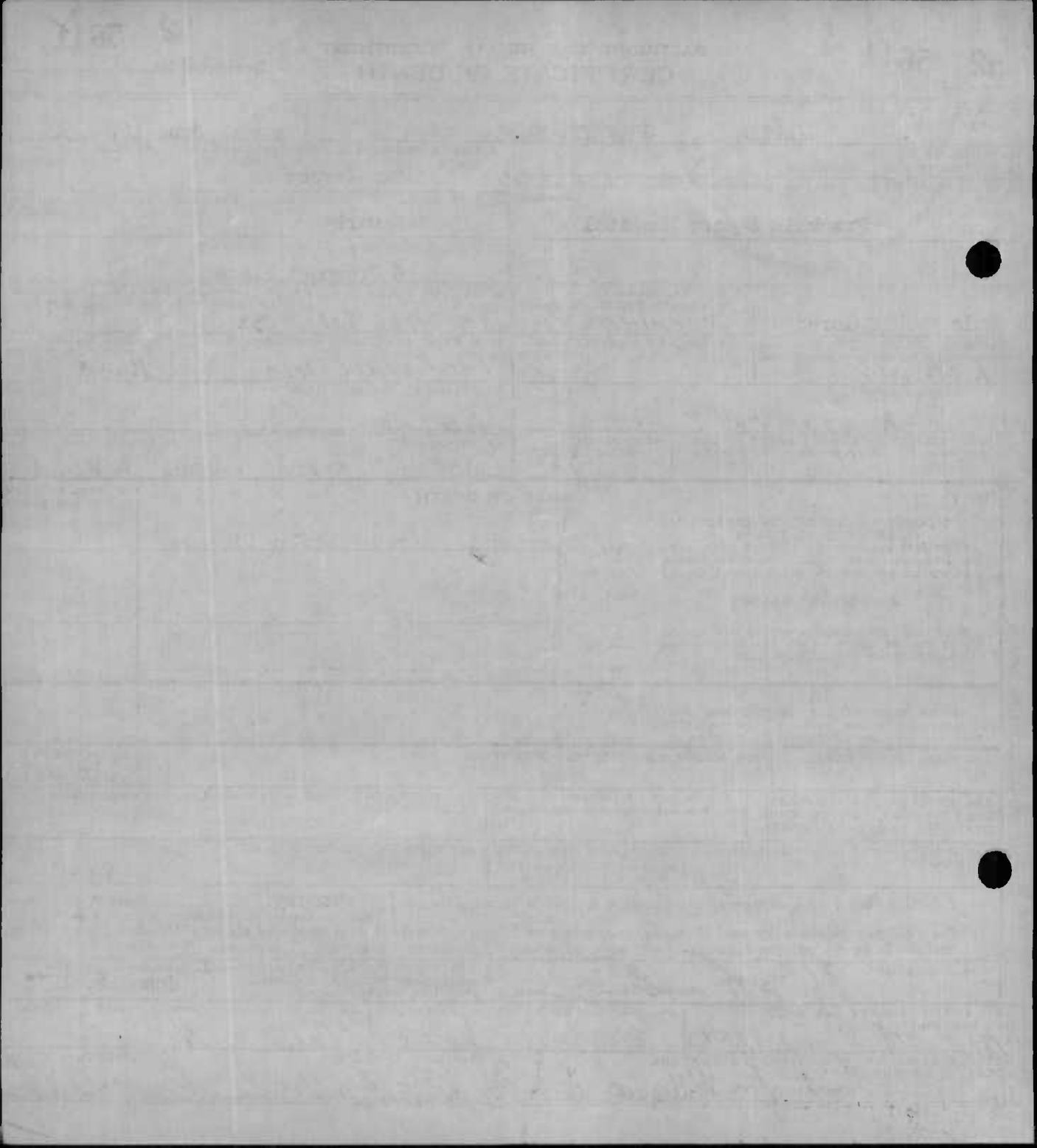
JUN 17 1952

VS 151

97099

2

MEDICAL CERTIFICATION



52 5612

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5612
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CLARENCE

WALKER

2. DATE
OF
DEATH

June 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

June 13, 1893

9. AGE (in years
last birthday)

38

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Gen

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Jacob Walker

14. MOTHER'S MAIDEN NAME

Mamie Byrd

15. WAS DECEASED
(Yes, no or unknown) EVER IN U.S. ARMED FORCES?
(If yes, give war or dates of service)

Yes

WW.I

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Aaron Walker 634 W. Mulberry St

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

June 13, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MEDICAL CERTIFICATION

TO : DIRECTOR, FBI (100-388610)

FROM : SAC, NEW YORK (100-100000)

SUBJECT: [Illegible]

RE: [Illegible]

[The remainder of the page contains several paragraphs of extremely faint, illegible text, likely a teletype or memorandum.]

52 5613

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5613

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Annie Denton

2. DATE
OF
DEATH

June 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution, residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1615 W Franklin St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

19-01

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1615 W Franklin St

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Dec. 3, 1895

9. AGE (in years last birthday)

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Calvert Co. Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Thomas Gantt

14. MOTHER'S MAIDEN NAME

Maggie Gray

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Selma Taylor 1615 W Franklin St

18. 171X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Carcinoma of cervix

INTERVAL BETWEEN ONSET AND DEATH

one year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

unknown

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

22. I hereby certify that I attended the deceased from 6-9-1952 to 6-14-1952 that I last saw the deceased alive on 6-13-1952, and that death occurred 11:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 17 1952

VS 150

Huntington Williams

Mt. Auburn Cem

Balto.

Md.

322 N. Schroeder

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of coroner		12. Signature of jury	
13. Signature of witnesses		14. Signature of family		15. Signature of neighbors	
16. Signature of clergy		17. Signature of school		18. Signature of employer	
19. Signature of others		20. Signature of others		21. Signature of others	
22. Signature of others		23. Signature of others		24. Signature of others	
25. Signature of others		26. Signature of others		27. Signature of others	
28. Signature of others		29. Signature of others		30. Signature of others	
31. Signature of others		32. Signature of others		33. Signature of others	
34. Signature of others		35. Signature of others		36. Signature of others	
37. Signature of others		38. Signature of others		39. Signature of others	
40. Signature of others		41. Signature of others		42. Signature of others	
43. Signature of others		44. Signature of others		45. Signature of others	
46. Signature of others		47. Signature of others		48. Signature of others	
49. Signature of others		50. Signature of others		51. Signature of others	
52. Signature of others		53. Signature of others		54. Signature of others	
55. Signature of others		56. Signature of others		57. Signature of others	
58. Signature of others		59. Signature of others		60. Signature of others	
61. Signature of others		62. Signature of others		63. Signature of others	
64. Signature of others		65. Signature of others		66. Signature of others	
67. Signature of others		68. Signature of others		69. Signature of others	
70. Signature of others		71. Signature of others		72. Signature of others	
73. Signature of others		74. Signature of others		75. Signature of others	
76. Signature of others		77. Signature of others		78. Signature of others	
79. Signature of others		80. Signature of others		81. Signature of others	
82. Signature of others		83. Signature of others		84. Signature of others	
85. Signature of others		86. Signature of others		87. Signature of others	
88. Signature of others		89. Signature of others		90. Signature of others	
91. Signature of others		92. Signature of others		93. Signature of others	
94. Signature of others		95. Signature of others		96. Signature of others	
97. Signature of others		98. Signature of others		99. Signature of others	
100. Signature of others		101. Signature of others		102. Signature of others	

530

CERTIFICATE CORRECTED 11/5/52 ES

52 5614

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5614
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Marie Bennett

2. DATE
OF
DEATH

6/14/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Provident Hospital

C. Length of stay in Baltimore

30

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

10/23/1919

9. AGE (In years,
last birthday)

32

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Greenville, S.C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Frank Bradley

14. MOTHER'S MAIDEN NAME

Hattie Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Pls. History

18. 677X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TOHypertension Shock
Ruptured uterus
Preeclampsia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 1/7, 1952, to 6-14-1952, that I last saw the
deceased alive on 6-14-1952, and that death occurred at 1:15 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 17 1952

Huntington Williams, M.D.

Charles A. Rice 661 W. Barré St.

Recommendation- Maternal Mortality Comm. Review

RECOMMENDATION OF DEATH

7

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

52 5615

52 5615

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

John H. Long

2. DATE
OF
DEATH

June 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1382 N. Carey St.

C. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Cement Finisher

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

James Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(If yes, give war or dates of service)

No

217-01-5537

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Madeline Long 1382 N. Carey St.

18. 177X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Carcinoma of Prostate
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Carcinoma of Prostate
DUE TO
(C)

3 months

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic Hypertension

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February 1952, to June 12, 1952, that I last saw the
deceased alive on June 12, 1952, and that death occurred at 8:00 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/16/52

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn Cemetery

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 17 1952

Huntington Williams, M.D.

Geo. G. Kelson 1303 Presstman St.

511 24 Geo. G. Kelson

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

214-01-0251

453
2 5616

52 5616

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Pearl Huntington Robins Holland		2. DATE OF DEATH June 15, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY none			
B. FULL NAME OF HOSPITAL OR INSTITUTION Hopkins Apartments		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) Hopkins Apartments 318 St. Paul			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct. 16, 1875	9. AGE (In years last birthday) 76	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
12. CITIZEN OF WHAT COUNTRY? U. S.		13. FATHER'S NAME Harrison Robins		14. MOTHER'S MAIDEN NAME Nancy Hill	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Ada Robins Morrison - Phoenix, Md.	

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Central Hemorrhage CAUSE OF DEATH (A) _____ DUE TO Anterior choroidal (B) _____ DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH 10 wks. unknown	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 28, 1952 , to June 15, 1952 , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23A. SIGNATURE Mrs. A. Robinson M. O.		23B. ADDRESS 2923 St. Paul St.		23C. DATE SIGNED 6-16-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 6 - 17 - 52		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge	
24D. LOCATION (City, town, or county) (State) Pikesville, Md.		25. FUNERAL DIRECTOR ADDRESS John O. Mitchell & Sons, Inc. - 1900 Eutaw Pl. 5787 B. Mitchell			
DATE RECEIVED BY LOCAL REGISTRAR JUN 17 1952 VS 150		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

M-552
52 5617

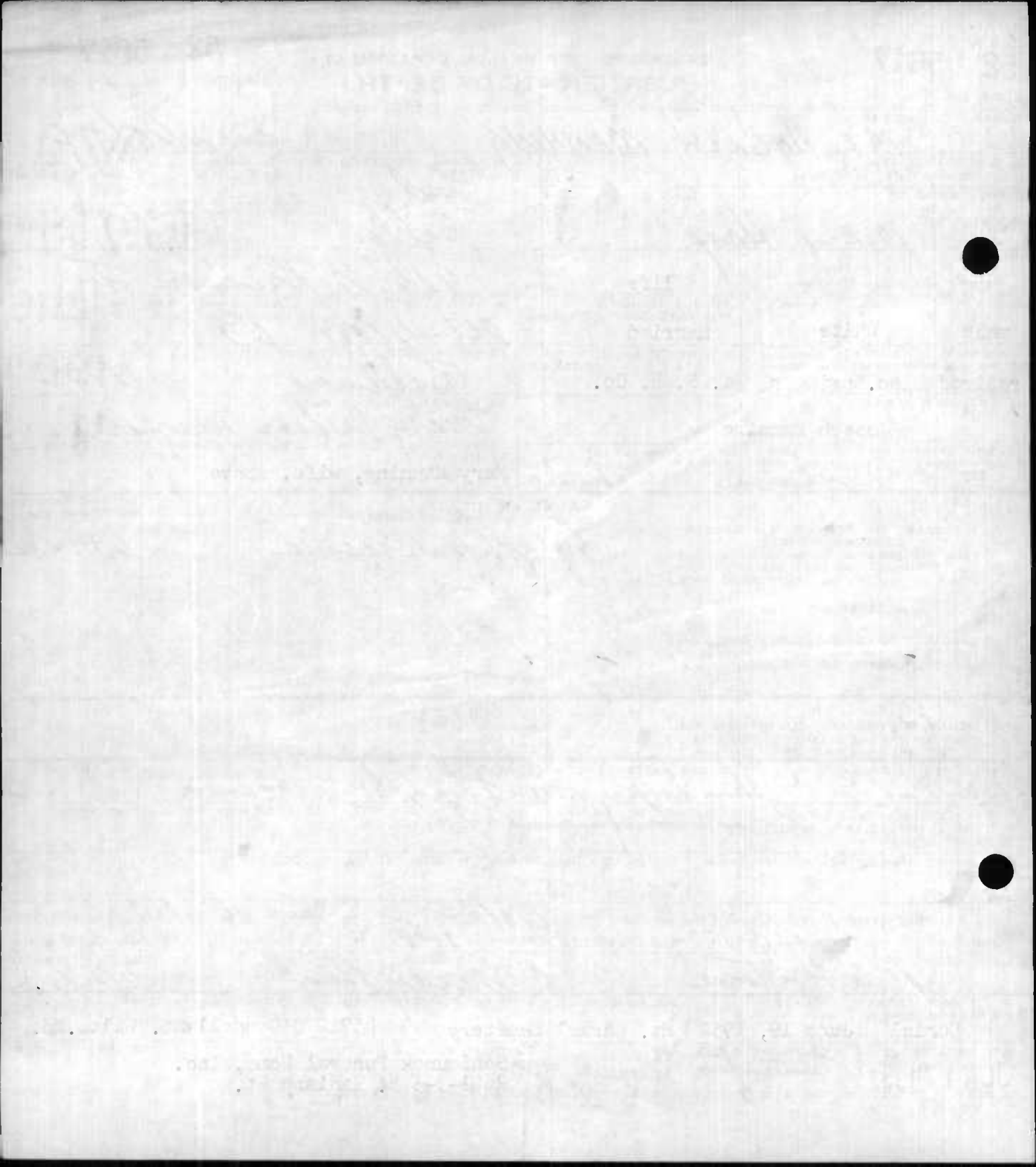
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5617
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>MR. Andrew MANNING</i>			2. DATE OF DEATH <i>6/6/52</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>26-44</i>						
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Meccy Hosp.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>						
c. Length of stay in Baltimore <i>life</i>			D. STREET ADDRESS (If rural, give location) <i>916 N. Kresson St.</i>						
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>Oct. 11, 1884</i>		9. AGE (in years last birthday) <i>67</i>		10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>retired Elec. Engineer</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Pa. R. R. Co.</i>			11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>			12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>
13. FATHER'S NAME <i>Joseph Manning</i>			14. MOTHER'S MAIDEN NAME <i>Mary Barbara Wagner</i>						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>unknown</i>		17. INFORMANT <i>Mary Manning, wife, above</i>					

18. <i>200.1</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>6+ mon</i>	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Lympho. sarcoma</i>			
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <i>6/2/52</i>		19B. MAJOR FINDINGS OF OPERATION <i>skin biopsy showed lympho. sarcoma</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>6/2/52</i> 19 <i>52</i> to <i>June 16, 1952</i> that I last saw the deceased alive on <i>June 16, 1952</i> and that death occurred at <i>12 P.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>John A. Stone</i>		23B. ADDRESS <i>Meccy Hosp.</i>		23C. DATE SIGNED <i>6/16/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>June 19, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Carmel Cemetery</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 17 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Schimunek Funeral Home, Inc.</i> <i>2601-3-5 E. Madison St.</i>	



460
52 5618

52 5618

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

1. NAME OF DECEASED (Type or Print) JAMES AUSTIN TAYLOR		2. DATE OF DEATH June 15/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE 1370 N Carey St. Balt. B. COUNTY 15-01	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1370 N. Carey St. 2nd flr		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balt	
C. Length of stay in Baltimore 14 yrs		D. STREET ADDRESS (If rural, give location) 1370 N Carey	
5. SEX M.	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 22/1906
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chapman		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) Months Days 46 1 3
11. BIRTHPLACE (State or foreign country) Ynks Pa.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME James A. Taylor		14. MOTHER'S MAIDEN NAME Hazel Ely. Mason	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown		16. SOCIAL SECURITY NO. 214-09-9339	
17. INFORMANT Emma Taylor		ADDRESS 1370 N Carey	
18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Terminal pulmonary Tuberculosis CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO			INTERVAL BETWEEN ONSET AND DEATH July 1951
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION Nmt.		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 6/15 , 19 52 , to 6/15 , 19 52 , that I last saw the deceased alive on 6/15 , 19 52 , and that death occurred at 12:05 AM from the causes and on the date stated above.			
23A. SIGNATURE J. M. Ma Murphy		23B. ADDRESS 801 Buren St.	
23C. DATE SIGNED 6/15/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Buried		24B. DATE 6-19-52	
24C. NAME OF CEMETERY OR CREMATORY Hebron Cem		24D. LOCATION (City, town, or county) (State) York - Penna	
DATE RECEIVED BY LOCAL REGISTRAR JUN 17 1952		25. FUNERAL DIRECTOR Huntington Williams	
VS 150		ADDRESS 68352 1011 N. Arlington Ave	

MEDICAL CERTIFICATION

NOT A MEDICAL EXAMINER'S CASE

Stanley H. DeLoach
M.D.

CHIEF OR ASS'T. MEDICAL EXAMINER

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5619
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) ELIZABETH C. MILES		2. DATE OF DEATH 6-15-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy (D.O.H.)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 5300			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1606 Rolling Rd.			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Aug. 3, 1886	9. AGE (in years last birthday) 66	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Virginia	12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME Harvey W. Crosby			14. MOTHER'S MAIDEN NAME Mary Daddy		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Probable acute myo-cardial infarction		INTERVAL BETWEEN ONSET AND DEATH 7 1
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 19 to 6-15, 1952 that I last saw the deceased alive on , 19 , and that death occurred at 8:45 p. m., from the causes and on the date stated above.

23A. SIGNATURE Wm. H. H. Shea M. D.		23B. ADDRESS Mercy		23C. DATE SIGNED 6-15-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/18/52	24C. NAME OF CEMETERY OR CREMATORY Louisa Park	24D. LOCATION (City, town, or county) (State) Baltimore, Md.		
DATE RECEIVED BY LOCAL REGISTRAR JUN 17 1952		REGISTRAR'S SIGNATURE Huntington Williams M.D.		25. FUNERAL DIRECTOR ADDRESS H. H. Mason & Son, 805 N. Calvert St. (2)	

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side. The text appears to be a list or series of entries, possibly related to a survey or inventory.]

52 5620

52 5620

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

1. NAME OF DECEASED (Type or Print) George H. Hales		2. DATE OF DEATH June 15, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MD B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address and location) Willow Rest Nursing Home 1913. Eutaw Place		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Md 14-01	
c. Length of stay in Baltimore 10 Years		D. STREET ADDRESS (If rural, give location) 1913 Eutaw Place	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 27, 1879
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None - UNKNOWN		10B. KIND OF BUSINESS OR INDUSTRY none	9. AGE (In years last birthday) 73
13. FATHER'S NAME Henry Hales		11. BIRTHPLACE (State or foreign country) Canada	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		12. CITIZEN OF WHAT COUNTRY? _____	
16. SOCIAL SECURITY NO. _____		14. MOTHER'S MAIDEN NAME Unknown	
17. INFORMANT Emma M. Hales		ADDRESS 2628 Hafer St	

18. 434.1 and 260 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) congestive heart failure	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH 2 months
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. diabetes, & Parkinsonism	(A) DUE TO _____ (B) DUE TO _____ (C) DUE TO _____	_____
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	_____	_____

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 19 51**, to **June 15 52**, that I last saw the deceased alive on **June 12 19 52** and that death occurred at **8:30 A. M.**, from the causes and on the date stated above.

23A. SIGNATURE E. Ellsworth Cook	23B. ADDRESS 2431 Maryland Ave.	23C. DATE SIGNED 6-17-52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/18/52	24C. NAME OF CEMETERY OR CREMATORY Glen Haven Cemetery	24D. LOCATION (City, town, or county) (State) Glen Burnie Md
DATE RECEIVED BY LOCAL REGISTRAR JUN 17 1952	REGISTRAR'S SIGNATURE Huntington Williams	FUNERAL DIRECTOR'S SIGNATURE DAVID G. MARTIN	
VS 150		ADDRESS 1902 EUTAW PLACE	

MEDICAL CERTIFICATION

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

10

10

10

10

10

32
52 5621SCHILTNECK
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 331752 5621
Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

701 N. Calvert St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

14 yr

3 (a) FULL NAME

Anna May Schiltneck

3 (b) If veteran, name war

3 (c) Social Security Account

No. 214-243514

4. Sex

F.

5. Color or race

W

6 (a) Single, married, widowed, or divorced.

Married

6 (b) Name of husband or wife

John Schiltneck

6 (c) If alive, give age

63 years

7. Birth date of deceased (mo., day, yr.)

June 14 1879

8. AGE: Years Months Days

73

17

If less than one day

hr. — min.

9. Birthplace

Ohio

(Town, county, and state)

10. Usual Occupation

House Wife

11. Industry or business

FATHER

12. Name

Franklin Palmer

13. Birthplace

md

14. Maiden Name

Caroline Brown

15. Birthplace

md

(a) Informant

John Schiltneck

(b) Address

701 N. Calvert St

17 (a) Burial

(b) Date thereof

6 20 1952

(Burial, cremation, or removal)

(month) (day) (year)

(c) Cemetery or crematory

Rocky Hill

Location

N. Woodboro md

18 (a) Funeral director

G. C. Barton

(b) Address

Harpersville md

JUN 17 1952

(Date rec'd by registrar)

Huntington Williams, Md

2. USUAL RESIDENCE OF DECEASED:

(a) State

md

(b) County

11-01

(c) City or town

Baltimore City

(If outside city or town limits, write RURAL and give town)

(d) Street No.

701 N. Calvert St

(If rural give location)

(e) Citizen of foreign country?

(Yes or No)

If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 17th 1952, at 9:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 14 1947, to June 17th 1952, and that I last saw him alive on June 16th 1952.

Immediate cause of death.

Duration

Due to

Cerebral Hemorrhage

2 days

Due to

Hypertension

5 yr

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation.

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature

Harriet L. M.S.

Address

517 Scott St

Date signed

June 17/52

M. D.

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE

cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see **PHYSICIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION** issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

14202

52 5623

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5623

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

TIMOTHY PICKERING

2. DATE
OF
DEATH

June 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

Yrs.
Mos.
Days

c. Length of stay in Baltimore

10 yrs

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec 5 1932

9. AGE (In years
last birthday)

19

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Tool Room

10B. KIND OF BUSINESS OR
INDUSTRY

Glen L Martin

11. BIRTHPLACE (State or foreign country)

Tenn

12. CITIZEN OF
WHAT COUNTRY?

yes

13. FATHER'S NAME

Ernest Pickering

AIRPLANE (A)

14. MOTHER'S MAIDEN NAME

Lucy Depew

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

216-30-2410

17. INFORMANT

ADDRESS Fullerton

701 Ernest Pickering - Belair Rd

18. E 823.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) Rupture of spleen

Fracture of pelvis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Contusion of heart

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

ROAD

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Belair Rd. near Little Gunpowder Falls

21F. HOW DID INJURY OCCUR?

Driving his car & hit a fence

D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

June 11, 1952

m.

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☒22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. K. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

June 17, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/19/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Vesta

24D. LOCATION (City, town, or county)

Johnson City Tenn

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 17 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Larsen Funeral Home

ADDRESS

7401 Belair Rd - 6

V S 151

N 808.2

3903T

7401 Belair Rd - 6

MEDICAL CERTIFICATION

210

52 5624

BALTIMORE CITY HEALTH DEPARTMENT

52 5624

BIRTH NO.

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED
(Type or Print)

LINDA

BISHOP

2. DATE
OF
DEATH

June 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

12-06

D. STREET ADDRESS (If rural, give location)

2410 N. Charles Street

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Feb. 2, 1952

9. AGE (In years
last birthday)

4

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Elbert

14. MOTHER'S MAIDEN NAME

Anselina Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mother, 2410 N. Charles Street

18. 525x and E936.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Interstitial pneumonia

~~NOISE~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Dehydration

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Fracture of humerus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☒ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

2410 N. Charles Street

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

June 11, 1952

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☒

21F. HOW DID INJURY OCCUR?

Got arm caught between mattress & crib

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐

23C. DATE SIGNED

M.D.

MEDICAL INVESTIGATOR.....☐

June 17, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

N 812.0

4038. Wolfe St

MEDICAL CERTIFICATION

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH

REPORT OF DEATH

NAME OF DECEASED

AGE

SEX

RACE

DATE OF DEATH

PLACE OF DEATH

CITY

COUNTY

CAUSE OF DEATH

IMMEDIATE CAUSE

INTERMEDIATE CAUSE

UNDERLYING CAUSE

DATE OF BIRTH

PLACE OF BIRTH

CITY OF BIRTH

COUNTY OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CITY

COUNTY

CAUSE OF DEATH

IMMEDIATE CAUSE

530
52 5625

52 5625

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

1. NAME OF DECEASED (Type or Print) <i>Elizabeth Smith</i>				2. DATE OF DEATH <i>June 16 1952</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Paul Convalescent Home</i>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 18-23</i>			
C. Length of stay in Baltimore <i>1 1/2</i> Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) <i>1033 W. Lombard St.</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>		8. DATE OF BIRTH <i>June 16, 1861</i>	9. AGE (In years last birthday) <i>91</i>	11 Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Home</i>		11. BIRTHPLACE (State or foreign country) <i>Balto. Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Wm. Henry Wagner</i>				14. MOTHER'S MAIDEN NAME <i>Katherine Wagner</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>NO</i>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Mrs. Eliz. Ogden 2834 W. Lombard</i>			
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>450.0 and E902.7</i>				CAUSE OF DEATH <i>congestive heart failure</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 month</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				(A) _____ (B) <i>arteriosclerosis</i> (C) _____		CERTIFICATION APPROVED BY <i>SH Deuel</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				Fract. rt. hip <i>deafness</i>		ECG, vng	
19A. DATE OF OPERATION <i>0</i>				19B. MAJOR FINDINGS OF OPERATION			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>fell from bed</i>		21C. WHERE DID INJURY OCCUR? <i>2305 ST PAUL ST</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
D. TIME (Month) (Day) (Year) INJURY <i>June 6, 1952</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <i>patient fell from bed</i>			
22. I hereby certify that I attended the deceased from <i>6-1</i> , 19 <i>51</i> to <i>6-16</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>6-16</i> , 19 <i>52</i> , and that death occurred at <i>11:30P</i> m., from the causes and on the date stated above.				23A. SIGNATURE <i>E. Elsworth Cook</i>		23B. ADDRESS <i>2431 Maryland Ave.</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24B. DATE <i>June 19 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt Olivet</i>		24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 18 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>John T. Stansbury</i>		ADDRESS <i>2706 Edmondson</i>	

RECEIVED BY THE SECRETARY OF THE
TREASURY OF THE UNITED STATES

DATE OF RECEIPT

AMOUNT RECEIVED

FOR WHAT PURPOSE

SIGNED BY

PRINTED NAME

OFFICE

CITY

STATE

COUNTY

ZIP CODE

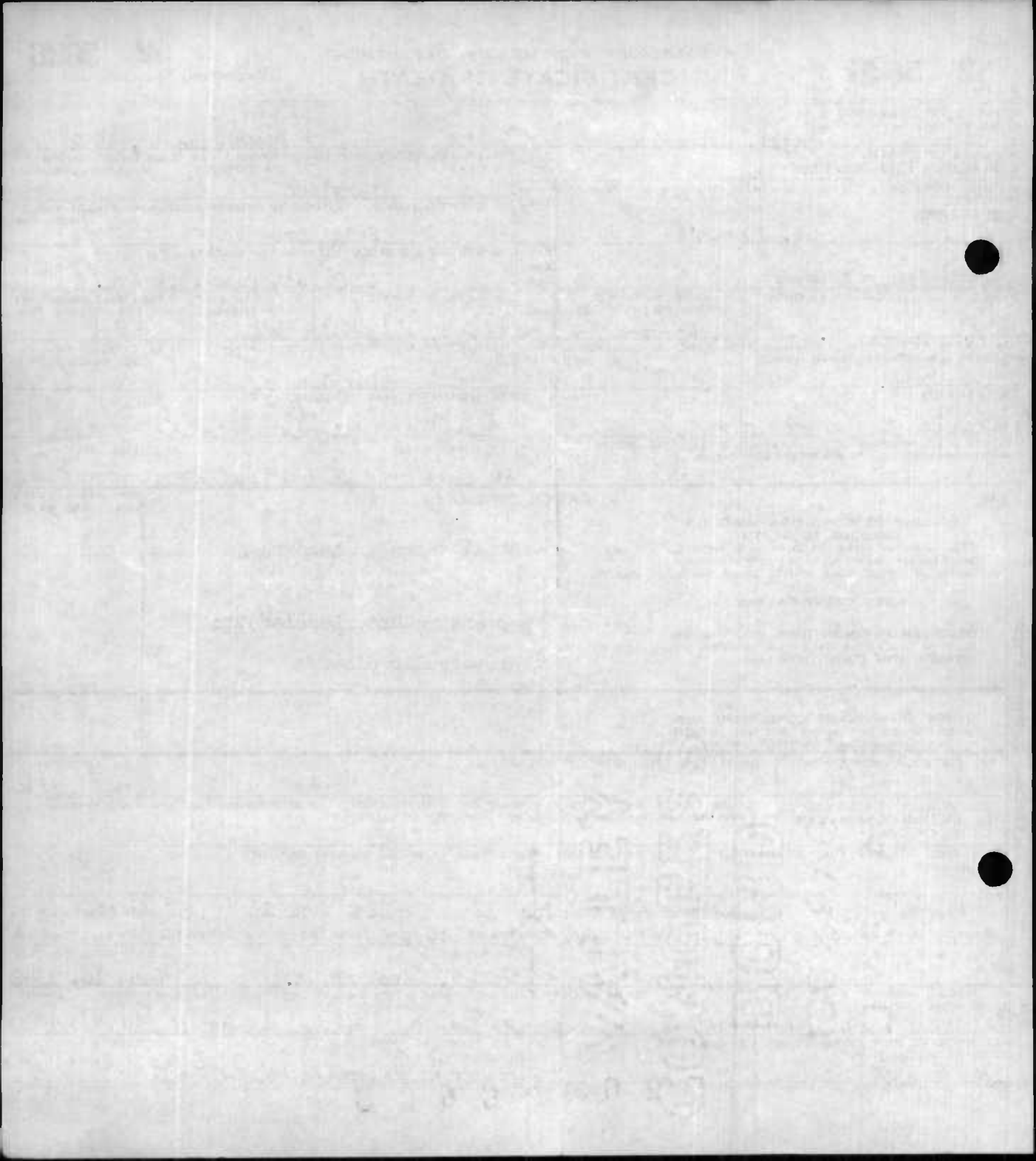
TELEPHONE

TELETYPE

OTHER INFORMATION

240
52 5626BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5626
Registered No.

1. NAME OF DECEASED (Type or Print) <u>Nagel, Katherine</u>		2. DATE OF DEATH <u>June 16, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's</u>		C. CITY OR TOWN <u>Baltimore</u> (If outside corporate limits, write RURAL and give township)	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <u>1243 Patterson Park Ave.</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 6, 1890</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <u>Martin R. Granz</u>		14. MOTHER'S MAIDEN NAME <u>Katherine Fichenscher</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Henny Nagel</u>		ADDRESS <u>1914 Burnwood Road</u>	
18. <u>443X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <u>Cerebral vascular hemorrhage</u> DUE TO (B) <u>Hypertensive arteriosclerotic</u> DUE TO <u>cardiovascular disease</u> (C)	
19a. DATE OF OPERATION <u>0</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 12</u> , 1952 to <u>June 16</u> , 1952, that I last saw the deceased alive on <u>June 16, 1952</u> and that death occurred at <u>7:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. Paul Coffey</u>		23b. ADDRESS <u>1400 N. Caroline St.</u>	
23c. DATE SIGNED <u>June 16, 1952</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 19, 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Lorraine Park</u>		24d. LOCATION (City, town, or county) (State) <u>Windsor Mill Rd</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>	
25. FUNERAL DIRECTOR <u>Leo B. L. Loh</u>		ADDRESS <u>1705 N. Patt. Park Ave</u>	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

52 5627

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) William A. Meekins		2. DATE OF DEATH 6-16-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Essex	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 947 Martin Road, Essex	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH July 27, 1894
		9. AGE (In years last birthday) 57	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car inspector		10B. KIND OF BUSINESS OR INDUSTRY B & O R.R.CO.	
13. FATHER'S NAME William Meekins		14. MOTHER'S MAIDEN NAME Julia ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 705-09-2750	
		17. INFORMANT 947 Martin Road ADDRESS 21	
		12. CITIZEN OF WHAT COUNTRY? USA	
		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
		18. MRS. Anna E. Meekins	

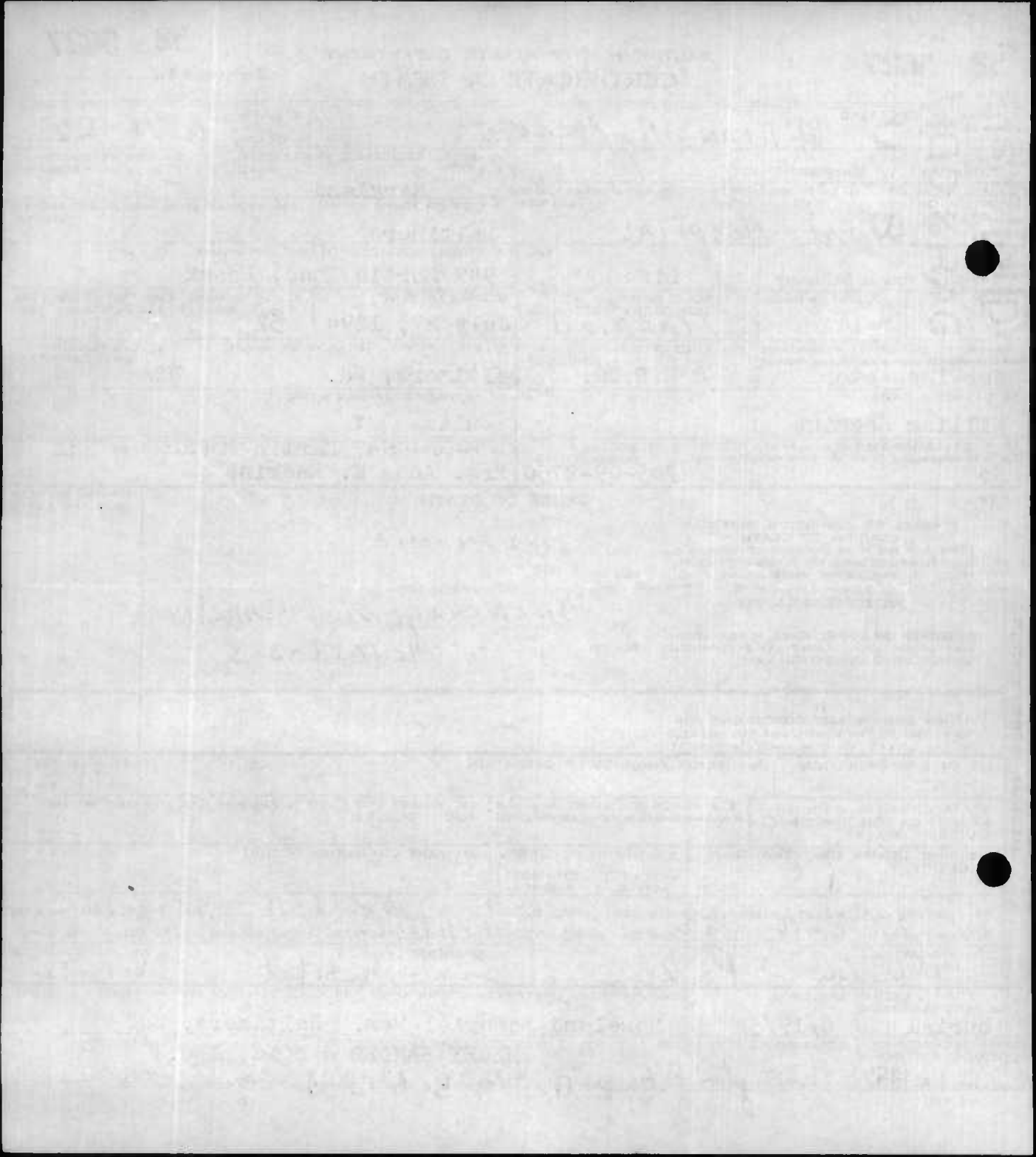
18. 162X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pneumonia	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) DUE TO	
	(B) DUE TO Bronchogenic Carcinoma with Metastases.	
	(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-11 , 19 52 , to 6-16 , 19 52 , that I last saw the deceased alive on 6-16 , 19 52 , and that death occurred at 11:15 Am., from the causes and on the date stated above.					
23A. SIGNATURE William S. Parker		23B. ADDRESS Sinai Hospital		23C. DATE SIGNED 6-17-52	

24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 6/19/52		24C. NAME OF CEMETERY OR CREMATORY Moreland Memorial Cem. Baltimore, Md.		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR JUN 18 1952		REGISTRAR'S SIGNATURE Huntington Williams		FUNERAL DIRECTOR HENRY SANDER & SONS, INC.		ADDRESS BALTO, MD 21204	

533 50

MEDICAL CERTIFICATION



233

52 5628

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5628

Registered No.

BIRTH NO.		(Cooper)		2. DATE OF DEATH 6-15-52	
1. NAME OF DECEASED (Type or Print) BEULAH HUSTED					
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 3710 Reismere Rd.			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 15, 1891	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telephone Oper.		10B. KIND OF BUSINESS OR INDUSTRY C & P-Tel. Co.		9. AGE (In years last birthday) 60	
13. FATHER'S NAME Wm. Cooper		14. MOTHER'S MAIDEN NAME Virginia Burk		11. BIRTHPLACE (State or foreign country) MD.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		12. CITIZEN OF WHAT COUNTRY? U.S.	
17. INFORMATION		18. Mr. Henry T. Husted			

18. 199.9		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Carcinomatosis		?	
DUE TO		(B)			
DUE TO		(C)			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

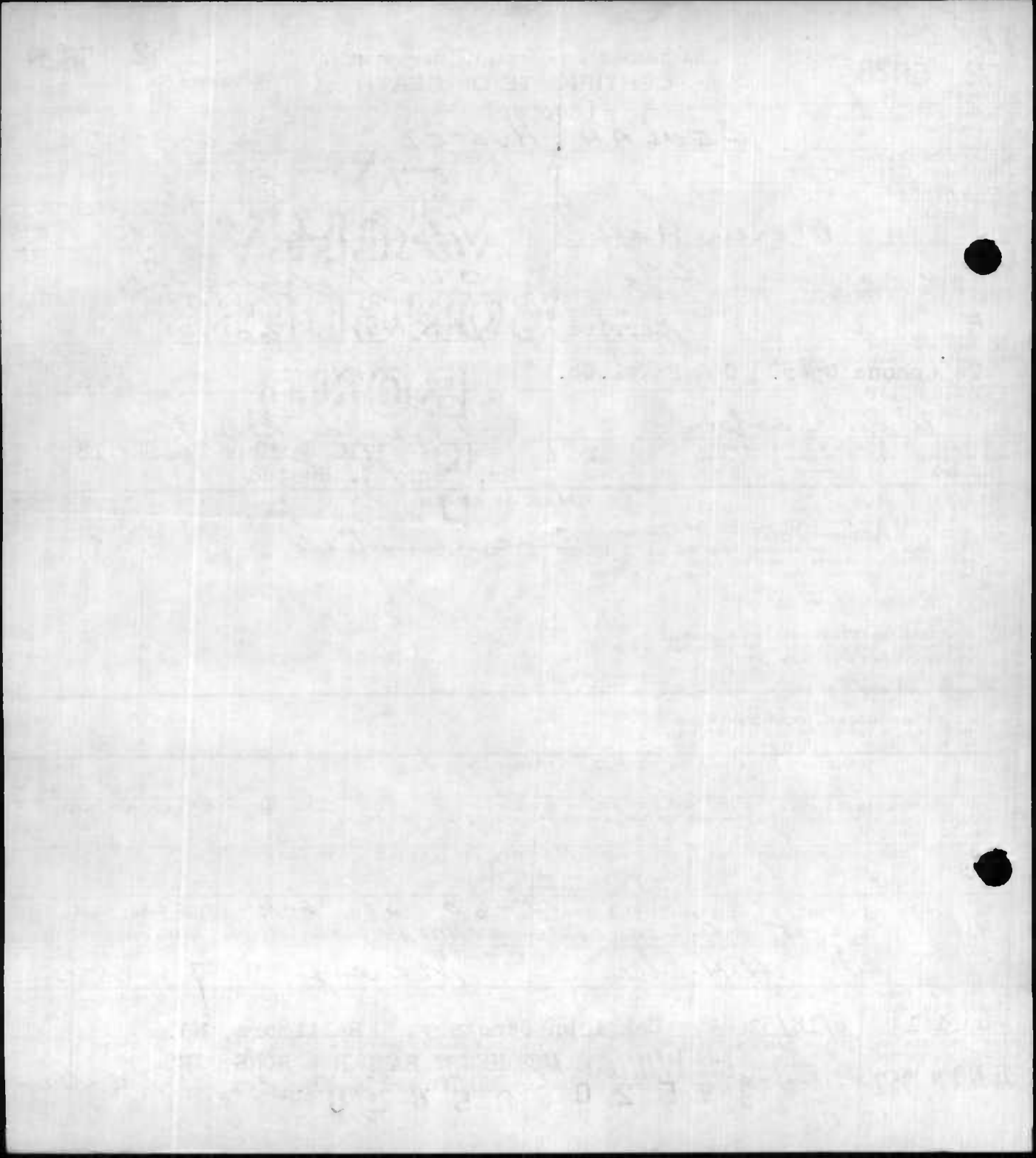
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-30, 1952 to 6-15, 1952, that I last saw the deceased alive on 6-15, 1952, and that death occurred at 11:15 A.M., from the causes and on the date stated above.					
23A. SIGNATURE Wm. H. H. Shea		23B. ADDRESS Mercy		23C. DATE SIGNED 6-15-52	

24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 6/18/52		24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 18 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.		ADDRESS BALTO. 13, MD.	

VS 150

3705A

MEDICAL CERTIFICATION



650
52 5629BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5629
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

none

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inquiry + Inspection from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

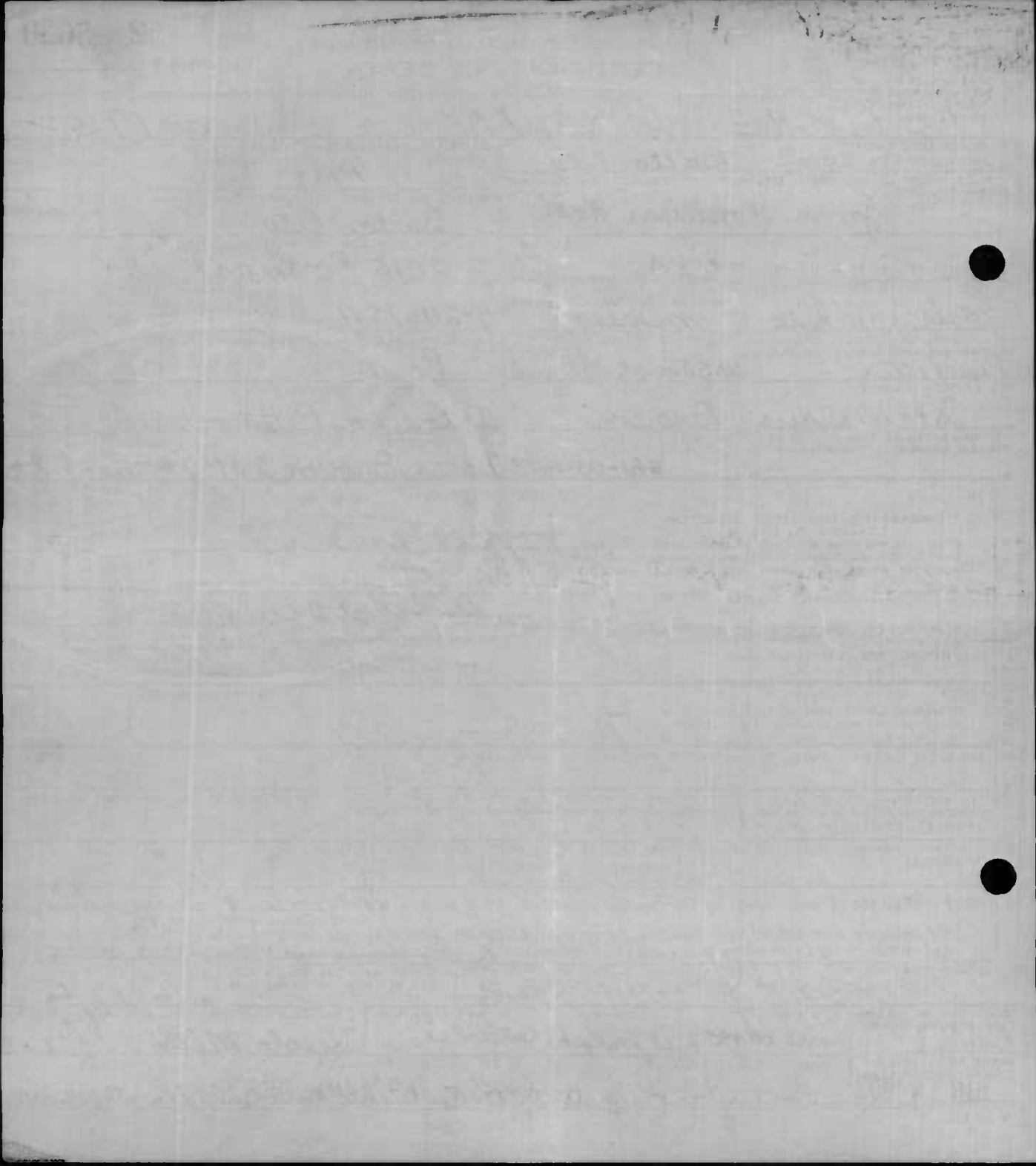
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



152

52 5630

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5630

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		ALBERTA R. BABINGTON		June 16, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md.			
B. FULL NAME OF HOSPITAL OR INSTITUTION Ardleigh Nursing Home 2075 Rockrose Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-05			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1507 E. North Ave.			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 21, 1873	9. AGE (In years last birthday) 79	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME William John King		14. MOTHER'S MAIDEN NAME Josephine Ritter	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT Mr. Benjamin B. Babington - 1507 E. North Ave.	
18. 581.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) TERMINAL PNEUMONIA (A) DUE TO		CAUSE OF DEATH Terminal Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 2 days	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO Cirrhosis of the Liver (C) DUE TO		Cirrhosis of the Liver		3 yrs	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1950, 19, to June 16, 1952, that I last saw the deceased alive on June 16, 1952, and that death occurred at 11:30 p.m., from the causes and on the date stated above.					
23A. SIGNATURE Roy M. Zimmerman		23B. ADDRESS 2858 Hartford Rd.		23C. DATE SIGNED June 17, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/19/52		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.	
24D. LOCATION (City, town, or county) (State) Pikesville, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR JUN 18 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR'S ADDRESS Jm. J. Tiekner & Sons		24H. BALTO 17, MD.		VS 150	

MEDICAL CERTIFICATION

RECEIVED
JAN 10 1964

W. C. C.

W. C. C.

RECEIVED
JAN 10 1964

635
52 5631

52 5631

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

1. NAME OF DECEASED (Type or Print) <i>Viola Hardman</i>		2. DATE OF DEATH <i>JUNE 15, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Provident Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i> <i>18-01</i>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>906 W. Saratoga St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Feb. 6, 1900</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>52</i>
13. FATHER'S NAME <i>Jacob Henson</i>		11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Lucy P</i>	
18. <i>442X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Hemorrhage</i>		CAUSE OF DEATH (A) <i>Cerebral Hemorrhage</i> DUE TO	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Hypertensive Cardiovascular Unit</i> DUE TO <i>renal disease</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH <i>6 days</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Aug 1947</i> to <i>June 15, 1952</i> , that I last saw the deceased alive on <i>June 15, 1952</i> and that death occurred at <i>2:30</i> a. m., from the causes and on the date stated above.			
23A. SIGNATURE <i>H. Garland Phisell</i>		23B. ADDRESS <i>1038 Edmonson</i>	
23C. DATE SIGNED <i>6-17-52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>6/19/1952</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Mt Auburn Cem</i>		24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 18 1952</i>		25. FUNERAL DIRECTOR <i>Miss Katie R. Williams</i>	
REGISTRAR'S SIGNATURE <i>Huntington Williams M.D.</i>		ADDRESS <i>322 N. Schenck St.</i>	

MEDICAL CERTIFICATION

52 5632

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5632

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Minnie Petaway</i>		2. DATE OF DEATH <i>6/16/1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>48N. Benton St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 20-02</i>	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>48N. Benton St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>6/4/1895</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>57</i>
11. FATHER'S NAME <i>Ben Davis</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		14. MOTHER'S MAIDEN NAME <i>Lucy</i>	
15. SOCIAL SECURITY NO.		16. INFORMANT <i>Charles Petaway</i> ADDRESS <i>48N. Benton St.</i>	

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Cerebral Hemorrhage</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>6 days.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <i>Hypertensive Cardiovascular disease</i> DUE TO	<i>P</i>
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *4-1*, 19*50*, to *6-16*, 19*52*, that I last saw the deceased alive on *6-16*, 19*52* and that death occurred at *7:20 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Thomas W. Harris</i>	23B. ADDRESS <i>1824 W. Franklin St.</i>	23C. DATE SIGNED <i>6-17-52</i>
--	--	---------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Shipped</i>	24B. DATE <i>6/19/1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Tarboro N.C.</i>	24D. LOCATION (City, town, or county) (State) <i>Tarboro N.C.</i>
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Mrs. Katie R. Williams</i>	ADDRESS <i>322 N. Schroeder St.</i>

JUN 18 1952

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF THE INTERIOR

1918

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5633**

522
BIRTH NO. **5633**

1. NAME OF DECEASED (Type or Print) Ida Rebecca Hancock			2. DATE OF DEATH June 16, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5213 Tramore Road			C. CITY OR TOWN (If outside corporate limits, write BURIAL and give township) Baltimore		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 5213 Tramore Road		
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb. 18, 1864		9. AGE (In years last birthday) 88
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) athome		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Samuel E. Stewart			14. MOTHER'S MAIDEN NAME Anna Herrman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Mabel Struck, 5213 Tramore Road		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic Myocarditis		CAUSE OF DEATH (A) Chronic Myocarditis DUE TO	INTERVAL BETWEEN ONSET AND DEATH 4 years
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertension		(B) Hypertension DUE TO	6 years
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) Sclerosis	

19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) None		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY —		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 1, 1952 to June 16, 1952 , that I last saw the deceased alive on June 16, 1952 and that death occurred at 1:30 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE L. J. Gordy		23B. ADDRESS 5106 Harford Road		23C. DATE SIGNED 6-17-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/19, 1952		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Maryland		24E. FUNERAL DIRECTOR ADDRESS Leopold J. Beck, 5305 Harford Road			
DATE RECEIVED BY LOCAL REGISTRAR JUN 18 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR SIGNATURE L. J. Gordy	

Dr. Gandy

552
5634

JB 160108

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5634
Registered No.

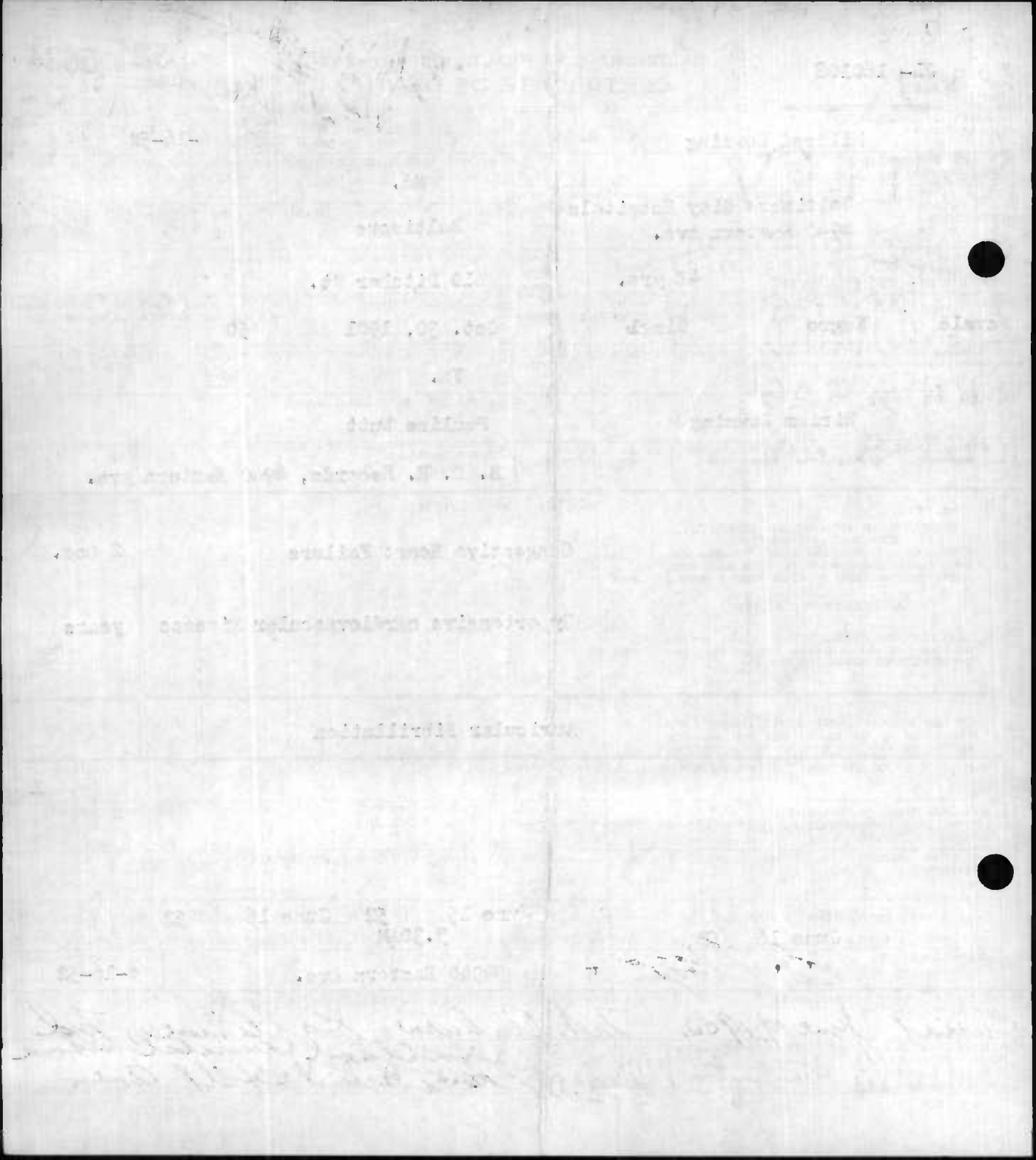
1. NAME OF DECEASED (Type or Print) Mildred Downing		2. DATE OF DEATH 6-16-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 42 yrs.		D. STREET ADDRESS (If rural, give location) 610 Pitcher St.	
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct. 30, 1901
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) 50	11. BIRTHPLACE (State or foreign country) Va.
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Hiriam Downing		14. MOTHER'S MAIDEN NAME Pauline Nutt	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS B. C. H. Records, 4940 Eastern Ave.	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) Congestive Heart Failure			2 mos.
ANTECEDENT CAUSES			
(B) Hypertensive cardiovascular Disease			years
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Auricular Fibrillation	

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION 7	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from June 15 , 19 52 to June 16 , 19 52 , that I last saw the deceased alive on June 16 , 19 52 , and that death occurred at 3.30AM , from the causes and on the date stated above.		
23A. SIGNATURE P. S. Hogan	23B. ADDRESS 4940 Eastern Ave.	23C. DATE SIGNED 6-16-52

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE June 19, 1952	24C. NAME OF CEMETERY OR CREMATORY W. T. Auburn	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR JUN 18 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR David Hill	

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 5635

1. NAME OF DECEASED (Type or Print) <u>J.inez Taliaferro</u>		2. DATE OF DEATH <u>June 16, 1952</u>	
3. PLACE OF DEATH: a. Baltimore City, Maryland <u>Cal 04</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY _____	
b. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>14-02</u>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		d. STREET ADDRESS (If rural, give location) <u>1617 Division St.</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Separated</u>	8. DATE OF BIRTH <u>Aug. 17, 1900</u>
9. AGE (In years last birthday) <u>51</u>		10. If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Matron</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hospital</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME <u>Henry White</u>		14. MOTHER'S MAIDEN NAME <u>Maria Nelson</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____ (If yes, give year or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <u>JOHNS HOPKINS HOSPITAL</u>		ADDRESS _____	

18. <u>581.0</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <u>Cirrhosis of liver with gastro intestinal bleeding</u> DUE TO _____ (B) _____ DUE TO _____ (C) _____	INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>

19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., lo or about home, farm, factory, street, office bldg., etc.) _____		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21d. TIME (Month) (Day) (Year) (Hour) INJURY _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>6-13</u> , 19 <u>52</u> , to <u>6-16</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>6-16</u> , 19 <u>52</u> , and that death occurred at <u>11:55 P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Huntington E. Williams M.D.</u>		23b. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		23c. DATE SIGNED <u>6-17-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-20-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>W. Auburn</u>	
24d. LOCATION (City, town, or county) (State) <u>Baltimore, Md.</u>					
DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 18 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams M.D.</u>		25. FUNERAL DIRECTOR <u>Walter J. Smith</u> ADDRESS <u>165 W. Hill Ave</u>	

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MEDICAL CERTIFICATION

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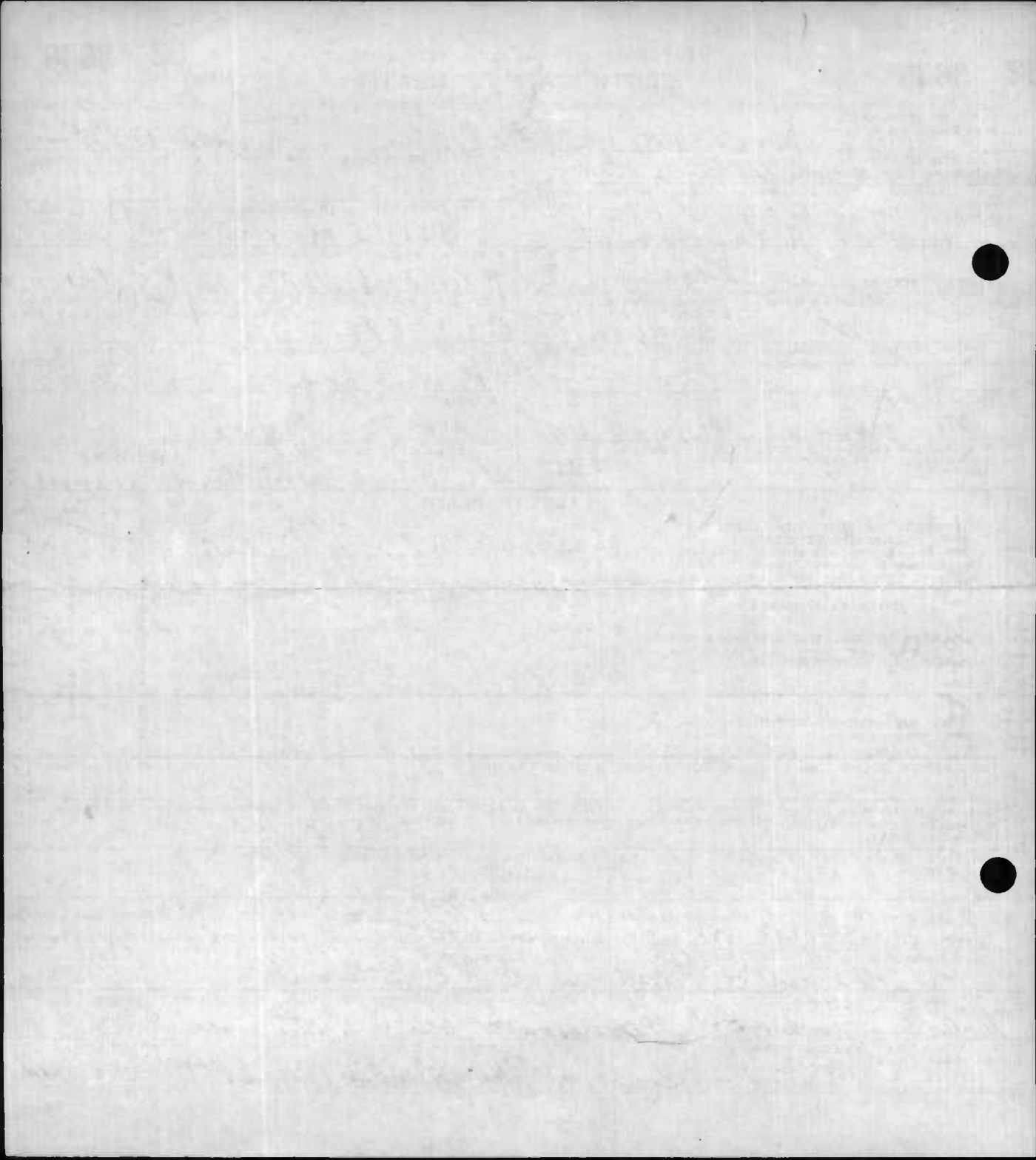
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5637

BIRTH NO.

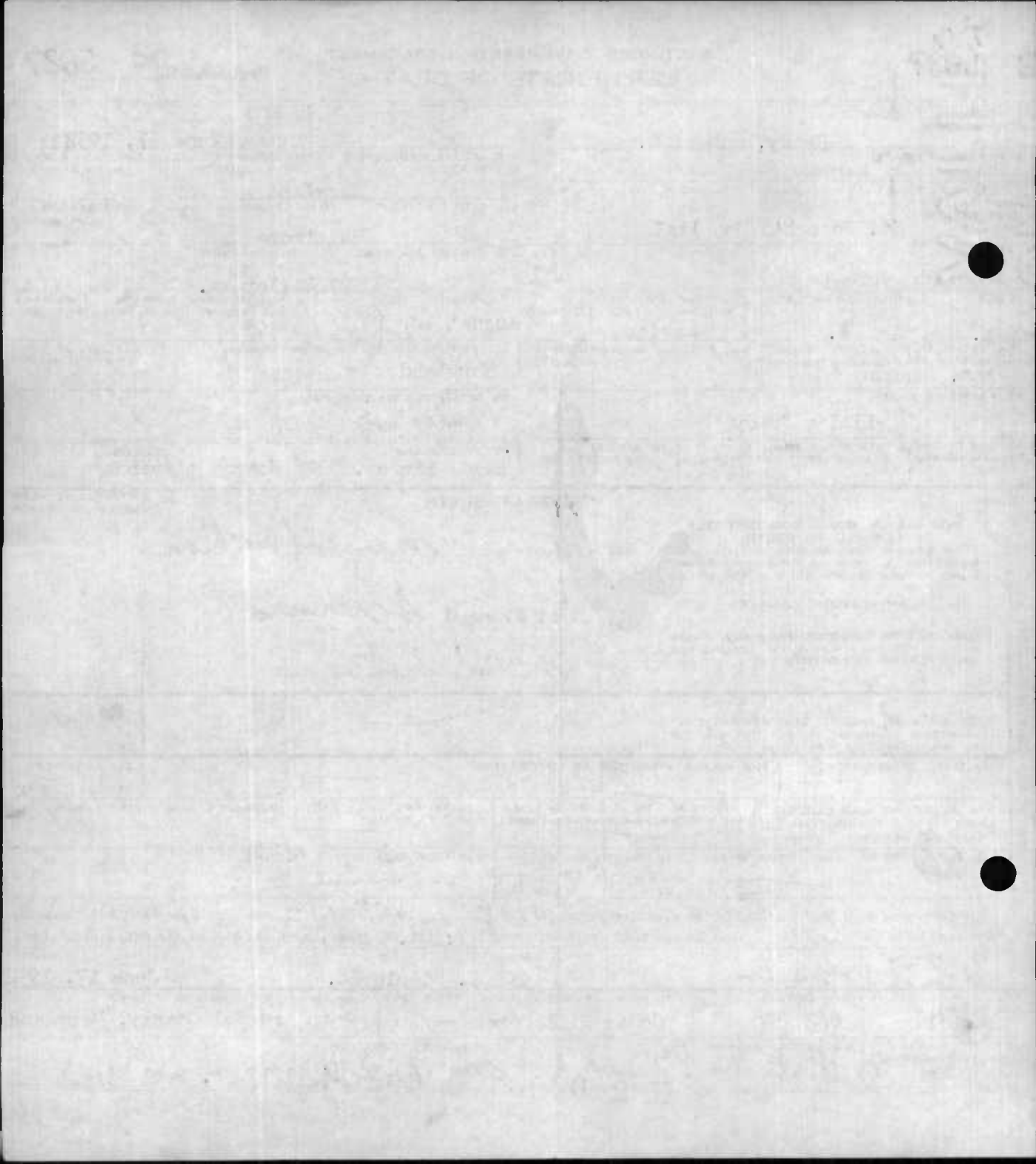
1. NAME OF DECEASED (Type or Print) Brady, Robert C.		2. DATE OF DEATH June 17, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY Baltimore	
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 927 Valley St.	
5. SEX M.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 18, 1903
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Seaman		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 48
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME William Brady		14. MOTHER'S MAIDEN NAME Betty Buck	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Hazel Pierce		ADDRESS 3128 Normount Avenue	

18. 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Coronary infarction DUE TO Coronary Sclerosis DUE TO Ch Diabetes	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21d. TIME (Month) (Day) (Year) (Hour) INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 11/18 , 19 51 to 6/2 , 19 52 , that I last saw the deceased alive on 6/2 , 19 52 and that death occurred at 7:30a.m. , from the causes and on the date stated above.				
23a. SIGNATURE H. H. Hornstein		23b. ADDRESS 204 E. Biddle St.		23c. DATE SIGNED June 17, 1952
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 6/20/52	24c. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery	24d. LOCATION (City, town, or county) (State) Anne Arundel County, Maryland	

DATE RECEIVED BY LOCAL REGISTRAR JUN 18 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Wm. Cook & Co.	ADDRESS 1217 St. Paul Street
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5638

Registered No. _____

BIRTH NO. _____

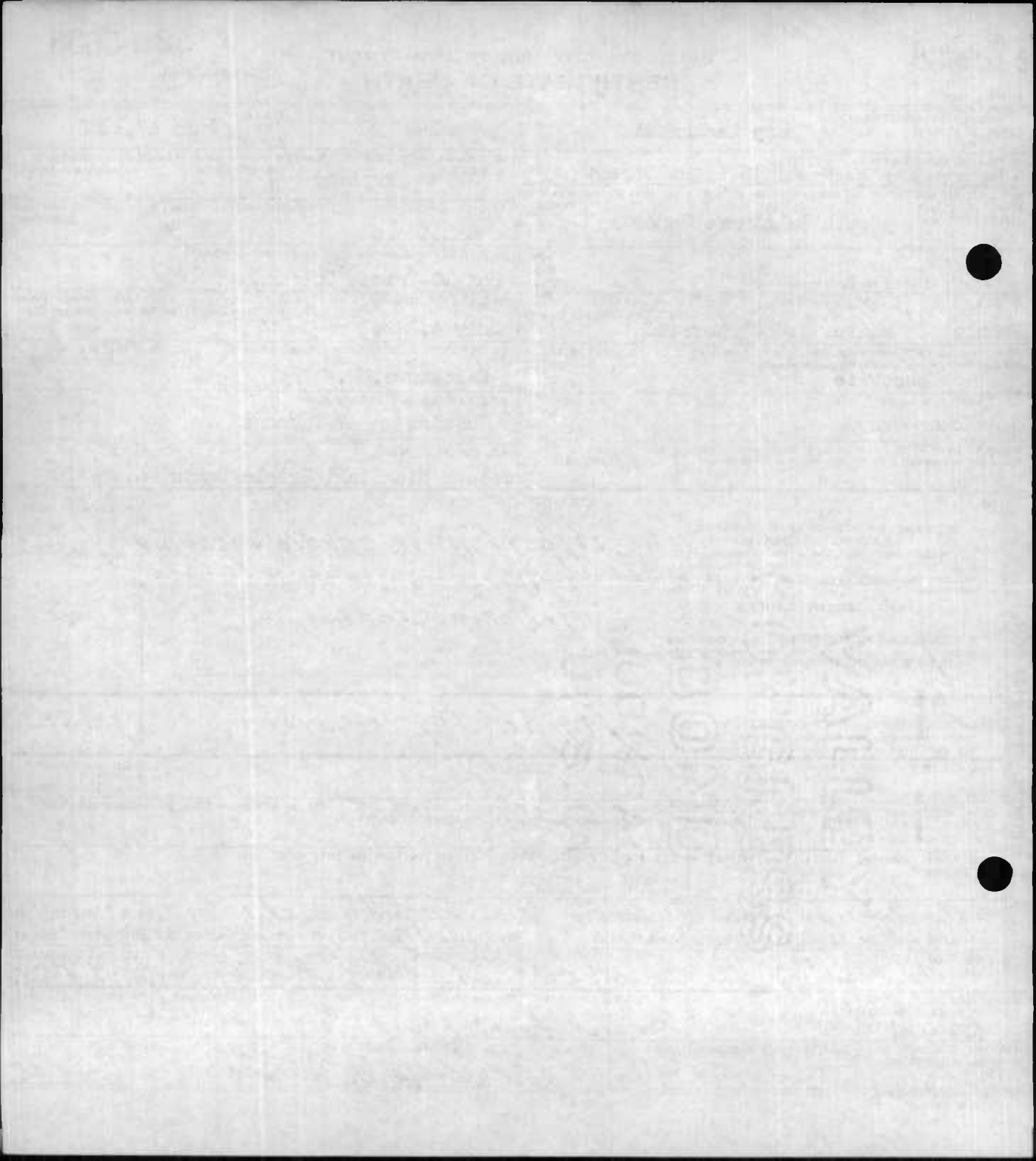
1. NAME OF DECEASED (Type or Print) Mary Michalski			2. DATE OF DEATH June 17, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 1213 Light Street			4. USUAL RESIDENCE (Where deceased lived. If institution: residence) A. STATE Maryland B. COUNTY Baltimore before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) Box 10-Triple Union Road		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 4, 1894		9. AGE (in years last birthday) 57
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Joseph Gorny			14. MOTHER'S MAIDEN NAME Susanna ? Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Joseph Michalski Triple Union Rd, Box 10		

MEDICAL CERTIFICATION

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease	CAUSE OF DEATH (A) Hypertensive cardiovascular disease DUE TO	INTERVAL BETWEEN ONSET AND DEATH years
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis.	(B) Arteriosclerosis. DUE TO	years
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hyperthyroidism		years

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 6-15-52 to 6-17-52 that I last saw the deceased alive on 6-17-52 and that death occurred at 2:15 pm. , from the causes and on the date stated above.		
23A. SIGNATURE Augustin del Campo	23B. ADDRESS 1213 Light st.	23C. DATE SIGNED 6-17-52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/21/52	24C. NAME OF CEMETERY OR CREMATORY Sacred Heart of Mary	24D. LOCATION (City, town, or county) (State) German Hill Rd
DATE RECEIVED BY LOCAL REGISTRAR JUN 18 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR George A. Weber	ADDRESS 705 S. Ann st



622

52 5639

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5639

Registered No. _____

1. NAME OF DECEASED (Type or Print) Margaret Crochowski			2. DATE OF DEATH June 17, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 305 S. Collington Ave B. FULL NAME OF (If not in hospital or institution, give street address or location) At Home C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____ C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 305 S. Collington Ave		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH May ? ? 1884	9. AGE (In years last birthday) 68 About	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Poland
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME Thomas Gardyza		
14. MOTHER'S MAIDEN NAME Anna ? Unknown			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or not known) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Anna Michalak 305 S. Collington Ave		

18. 592x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH A. Mrs. Crochowski DUE TO Chr. Nephritis B. Chr. Myocarditis DUE TO Chr. Myocarditis C. _____		INTERVAL BETWEEN ONSET AND DEATH June 16 52 Jan. 1 1949 Jan. 1 49
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 1 1952 to June 17, 1952 , that I last saw the deceased alive on June 17, 1952 , and that death occurred at 6:00 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE William J. Ryan		23B. ADDRESS 801 E. Keewood St.		23C. DATE SIGNED June 18 52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/20/52		24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus	
24D. LOCATION (City, town, or county) (State) 1300 SUNDAR AVE		25. FUNERAL DIRECTOR George A. Weber		ADDRESS 705 S. Ann St	
DATE RECEIVED BY LOCAL REGISTRAR JUN 18 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR George A. Weber	

MEDICAL CERTIFICATION

VALLEY
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520
52 5640BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

5640

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Margaret Jones</i>		2. DATE OF DEATH <i>6/14/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1219 Mc Culloh St</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1219 Mc Culloh St, Balto.</i>		C. CITY OR TOWN (If outside corporate limits, give location and give township) <i>Balto</i>			
c. Length of stay in Baltimore <i>Pronounced lifeless at Provident Hospital</i>		D. STREET ADDRESS (If rural, give location) <i>1219 Mc Culloh St</i>			
5. SEX <i>fe</i>	6. COLOR OR RACE <i>colored</i>	7. SINGLE, MARRIED, DIVORCED, WIDOWED, DIVORCED (Specify) <i>Divorced</i>	8. DATE OF BIRTH <i>Nov. 19, 1903</i>	9. AGE (in years last birthday) <i>48</i>	10. Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Dom. family</i>		11. BIRTHPLACE (State or foreign country) <i>N. CAROLINA</i>	
13. FATHER'S NAME <i>Silas Sykes</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No.</i>		16. SOCIAL SECURITY NO. <i>219-30-9255</i>		17. ADDRESS <i>1035 Edmondson Ave.</i>	
18. <i>199.9</i>		CAUSE OF DEATH <i>General Carcinomatosis</i>			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) DUE TO			
ANTECEDENT CAUSES		(B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>6/14</i> , 19 <i>52</i> , to <i>6/14</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>6/14</i> , 19 <i>52</i> , and that death occurred at <i>7:57</i> a. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>D. G. Oriondskis</i>		23B. ADDRESS <i>Provident Hospital</i>		23C. DATE SIGNED <i>6/14/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>June 16, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn</i>	
24D. LOCATION (City, town, or county, State) <i>Baltimore, Md.</i>		25. FUNERAL DIRECTOR <i>Edmondson Funeral Home</i>		25. ADDRESS <i>1035 Edmondson Ave.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 18 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>			

MEDICAL CERTIFICATION

NOT A MEDICAL EXAMINER'S CASE

S. H. D. [Signature] M.D.

CHIEF OR ASS'T. MEDICAL EXAMINER

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. ⁵² 5641

BIRTH NO. 5641

1. NAME OF DECEASED (Type or Print) FLORENCE V. TRIPLETT		2. DATE OF DEATH 6-16-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Ind B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution) 1610 W. Baltimore St		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 19-03	
c. Birth of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1610 W. Baltimore St	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH ?
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 77? If Under 1 Year Months Days If Under 24 Hours Hours Min.
11. BIRTHPLACE (State or foreign country) Balto Ind		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME Litz	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	
17. INFORMANT Harry Feeley		ADDRESS 1824 Linden Ave	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive Cardiovascular disease (B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 6-19-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE **Mr. J. Mc Clafferty** 23B. CHIEF MEDICAL EXAMINER.....☐ 23C. DATE SIGNED **6-17-52**
M.D. ASSISTANT MEDICAL EXAMINER.....☐ M.D. MEDICAL INVESTIGATOR.....☐

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **6-19-52** 24C. NAME OF CEMETERY OR CREMATORY **Western Bur** 24D. LOCATION (City, town, or county) (State) **Balto Ind**

DATE RECEIVED BY **JUN 18 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **W. B. M. Walker** ADDRESS **Pratt & Streets**

VS 151 **952030**

MEDICAL CERTIFICATION

256
5642BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 52 5642

1. NAME OF DECEASED (Type or Print) <u>Helen McMurray (Sister Anne)</u>		2. DATE OF DEATH <u>June 17, 1952</u>	
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland Baltimore Md.</u>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>New York</u> B. COUNTY <u>V-29</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Villa St. Michael</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Buffalo</u>	
c. Length of stay in Baltimore <u>6 weeks</u>		D. STREET ADDRESS (If rural, give location) <u>2157- main St.</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Nov. ? 1892</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Record Librarian</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Hospital</u>	9. AGE (In years last birthday) <u>59 yrs.</u> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) <u>St. John Co. New Brunswick Canada</u>		12. CITIZEN OF WHAT COUNTRY? <u>Canada</u>	
13. FATHER'S NAME <u>Patrick J. McMurray</u>		14. MOTHER'S MAIDEN NAME <u>Mary Ellen Mac Kinson</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT <u>Mary E. McMurray</u>		ADDRESS <u>Phila. Pa.</u>	

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH.
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion
DUE TO1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) arterio sclerosis
DUE TO
(C)?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1952, to June 17, 1952, that I last saw the deceased alive on 6/17, 1952, and that death occurred at 1350 m., from the causes and on the date stated above.23A. SIGNATURE
Duncan P. Alarid

M. D.

23B. ADDRESS
3316 Madison Ave23C. DATE SIGNED
6/18/5224A. BURIAL, CREMATION, REMOVAL (Specify)
Burial24B. DATE
June 19-195224C. NAME OF CEMETERY OR CREMATORY
St. Joseph's Cemetery24D. LOCATION (City, town, or county) (State)
Emmitsburg, MarylandDATE RECEIVED BY LOCAL REGISTRAR
JUN 18 1952REGISTRAR'S SIGNATURE
Huntington Williams, M.D.25. FUNERAL DIRECTOR
Stewart & Hough Co.ADDRESS
108 W. North Ave

300
5643

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5643

BIRTH NO.

1. NAME OF DECEASED (Type or Print) PAUL SCOTT			2. DATE OF DEATH June 16, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Middle River		
c. Length of stay in Baltimore 11 yrs.			D. STREET ADDRESS (If rural, give location) 485 Edgewater Apartments		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb 4 - 1926	9. AGE (In years last birthday) 26	10. Under 1 Year Months: 4 Days: 12
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk			11. BIRTHPLACE (State or foreign country) Williamson West Virginia		
10B. KIND OF BUSINESS OR INDUSTRY A.P. Stores			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Jack Scott			14. MOTHER'S MAIDEN NAME Bessie Flowers		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) yes.			16. SOCIAL SECURITY NO. 1946-1948		
17. INFORMANT Parents			ADDRESS 785 Edgewater		

CAUSE OF DEATH

18. E929.8 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Drowning	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) DUE TO (B) DUE TO (C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) River		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Middle River off Weber Avenue	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY June 16, 1952 3:00 P.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Drowned while swimming	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William V. ...		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED June 17, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal.		24B. DATE 6/19/52		24C. NAME OF CEMETERY OR CREMATORY Williamson West Va.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 18 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR John G. Connelly	
V S 151		N 990X		ADDRESS 418 Eastern Ave. Balto. 21.	

69
52 5644

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5644

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Edward Becker</i>			2. DATE OF DEATH <i>6/17/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto.</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mercy</i>			C. CITY OR TOWN <i>Balto</i> (If outside corporate limits, write RURAL and give township)		
C. Length of stay in Baltimore <i>72</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>502 Westgate Rd</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Aug 18, 1879</i>	9. AGE (In years last birthday) <i>72</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Diamond Salesman</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Retired</i>	11. BIRTHPLACE (State or foreign country) <i>Balto. City</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Conrad Becker</i>			14. MOTHER'S MAIDEN NAME <i>Unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Mrs. Rose M. Becker, 502 Westgate Rd</i>		

18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) <i>Cerebro Vascular Acc</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>14 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Generalized arteriosclerosis</i> DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)	

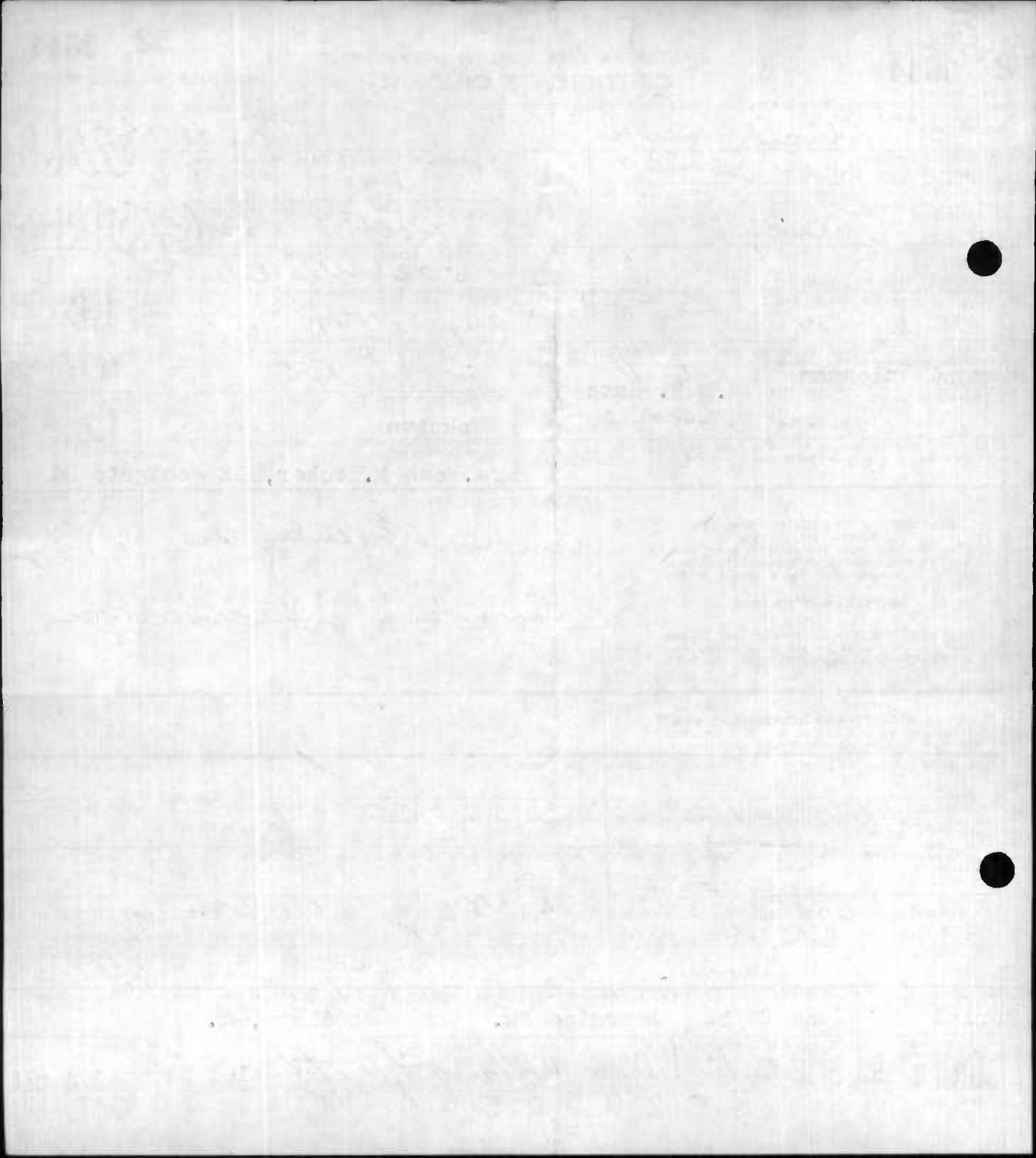
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>6/3/52</i> , 19 <i>52</i> , to <i>6/17/52</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>6/17/52</i> , and that death occurred at <i>8 P.</i> m., from the causes and on the date stated above.				
23A. SIGNATURE <i>H. Rusk</i>		23B. ADDRESS <i>Mercy</i>		23C. DATE SIGNED <i>6/17/52</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>June 20/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Lorraine Pk.</i>	24D. LOCATION (City, town, or county) (State) <i>Woodlawn, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 18 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS <i>Harry H. Witzke 4101 Edmondson Ave</i>

VS 150

95204906541

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52-5645**

240
5645

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Charles J. Michael		2. DATE OF DEATH 6/16/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 19-04	
B. FULL NAME OF HOSPITAL OR INSTITUTION 439 S. Fulton Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 439 S. Fulton Ave.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 25/81
		9. AGE (in years last birthday) 70	11. BIRTHPLACE (State or foreign country) ---Md.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk,		10B. KIND OF BUSINESS OR INDUSTRY Henry Knefly & Sons	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Michael	
14. MOTHER'S MAIDEN NAME Unknown		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Catherine Fort	
18. ADDRESS 439 S. Fulton Ave		19. ADDRESS 439 S. Fulton Ave	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 24 hrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Generalized Arteriosclerosis		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. obesity		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec , 19 40 to June , 19 52 that I last saw the deceased alive on 16 June 1952 and that death occurred at 1:50 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE H. Bayless		23B. ADDRESS 1600 Wilkes Ave		23C. DATE SIGNED 18 June 52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/19/52		24C. NAME OF CEMETERY OR CREMATORY Loudon Pk.		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 18 1952		REGISTRAR'S SIGNATURE Huntington Williams		FUNERAL DIRECTOR Harry H. Gist		ADDRESS 1410 Edmondson Ave.	

MEDICAL CERTIFICATION

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

State of New York

County of Albany
City of Albany

Dec 10 1900
J. J. [illegible]
[illegible]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 5646

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LEROY S. SCHNEBELEN

2. DATE
OF
DEATH

June 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, give RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4207 Colbourne Road

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Oct 21 1925

9. AGE (In years
last birthday)

26

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Cable Splicer

10B. KIND OF BUSINESS OR
INDUSTRY

Comm. Inst. & Elec. Co.

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Celward

14. MOTHER'S MAIDEN NAME

Louise Bolm

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mildred J. Schnebelm
4207 Colbourne Rd

18. **E914.3**

CAUSE OF DEATH

4207 Colbourne Rd

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) **Asphyxia**

DUE TO **electrocution**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

manhole

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

300 block W. Fayette St.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

June 17, 1952 3:45 P. m.

21E. INJURY OCCURRED
WHILE AT WORK ☒ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

Electrocuted while splicing cable

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, **accident** ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Durean

M.D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

June 18, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Buried

June 21/1952

New Catholic

Balto Md

JUN 18 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

VS 151

N 992.0

690 5 E

4101 E. Channing Ave

Balto 29 Md

MEDICAL CERTIFICATION

0175

STATE OF TEXAS

110

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5647

Registered No. _____

1. NAME OF DECEASED (Type or Print) ALFREDA E. TILTON		2. DATE OF DEATH JUNE 17 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY _____	
5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) HARFORD CONVALESCENT HOME 4702 HARFORD ROAD.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
6. Length of stay in Baltimore 40 YRS		D. STREET ADDRESS (If rural, give location) 2906 O'DONNELL ST.	
7. SEX FEMALE	8. COLOR OR RACE WHITE	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	10. DATE OF BIRTH MARCH 16-1869
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		12. AGE (In years, last birthday) 83 If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____	
13. FATHER'S NAME ?		14. BIRTHPLACE (State or foreign country) DELTA PENNA.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. CITIZEN OF WHAT COUNTRY? U.S.A.	
17. SOCIAL SECURITY NO. NONE		18. MOTHER'S MAIDEN NAME ?	
19. INFORMANT EUNICE SIEKIERSKI		20. ADDRESS 713 WAMPLER RD	
21. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardio-Vascular Disease - Arteriosclerotic		22. INTERVAL BETWEEN ONSET AND DEATH 15 YRS	
23. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. X		24. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. X	
25. DATE OF OPERATION 0		26. MAJOR FINDINGS OF OPERATION	
27. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
28. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		29. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
30. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
31. TIME (Month) (Day) (Year) (Hour) INJURY		32. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
33. HOW DID INJURY OCCUR?			
34. I hereby certify that I attended the deceased from 4 Jan 1950 to 17 June 1952 , that I last saw the deceased alive on 17 June 1952 , and that death occurred at 12:50 P.M. from the causes and on the date stated above.			
35. SIGNATURE E. E. Tilton		36. ADDRESS 2074 E. Belvedere Ave	
37. DATE SIGNED 17 June 52			
38. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		39. DATE JUNE 19 1952	
40. NAME OF CEMETERY OR CREMATORY ST PAUL'S CEMETERY		41. LOCATION (City, town, or county) (State) 416 HIGHLAND BALTO MD	
42. DATE RECEIVED BY LOCAL REGISTRAR JUN 18 1952		43. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
44. FUNERAL DIRECTOR Doppel Bros - 1800 E Lombard St		45. ADDRESS	

DR. SIMA.
2074 E BELLEVUE.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) CHARLES RICHARD MOORE		2. DATE OF DEATH June 18, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Dorchester	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cambridge	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) RED #2	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 12-15-1895
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10B. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 56 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. FATHER'S NAME THOMAS E. MOORE		14. MOTHER'S MAIDEN NAME MARY HARRIS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) YES	(If yes, give war or dates of service) W.W.I.	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS MRS. THERESA MOORE WIFE

18. E 835.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Perforating wound of rectum and urethra DUE TO Uremia and pneumonia DUE TO acute pyelonephritis	CAUSE OF DEATH (A) Perforating wound of rectum and urethra (B) Uremia and pneumonia (C)	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) outside of building	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Phillips Packing Co.-Cambridge, Md.
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY June 7, 1952	21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? Fell from tractor onto spike

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>Stanley H. Denny</i>	23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR M.D.	23C. DATE SIGNED June 18, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 6/21/52	24C. NAME OF CEMETERY OR CREMATORY DORCHESTER MEM. PK. CAMBRIDGE, MD.

DATE RECEIVED BY LOCAL REGISTRAR JUN 18 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR JOHN F. DENNY, INC.	ADDRESS 715 LIGHT ST. BALTIMORE, MD.
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P/- 4040

Letter from Dr. Stanley H. Durlacher, Asst. Medical Examiner

6/26/52 ES

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5649**

365
5649
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Maude I Stran		2. DATE OF DEATH June 13, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 3306 Hilton Street		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE 3306 Hilton Street B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write TOWNSHIP and give township) Baltimore Md.	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 3306 Hilton Street	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH SEPT. 11, 1880
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10B. KIND OF BUSINESS OR INDUSTRY -----	9. AGE (In years last birthday) 71 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME HENRY PATTERSON		14. MOTHER'S MAIDEN NAME ALVERDA V. RICHTER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) ***		16. SOCIAL SECURITY NO.	
		17. INFORMANT ADDRESS B. LEROY STRAN 3306 HILTON STREET	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Coronary Embolism DUE TO (B) Angina Pectoris DUE TO (C) _____
INTERVAL BETWEEN ONSET AND DEATH 8 weeks 5 years	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Apr 10, 1952** to **June 13 1952** that I last saw the deceased alive on _____, 19____, and that death occurred at **5:45** m., from the causes and on the date stated above.

23A. SIGNATURE A. C. Sullivan	23B. ADDRESS 4509 Liberty Ave	23C. DATE SIGNED June 14
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 6-16-52	24C. NAME OF CEMETERY OR CREMATORY London Park
24D. LOCATION (City, town or county) (State) Baltimore Md.		

DATE RECEIVED BY LOCAL REGISTRAR JUN 18 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS ELLSWORTH ARMACOST 4600 LIBERTY HEIGHTS AVE.
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0102 0019

CERTIFICATE OF DEATH

1914

1914

1914

1914

1914

1914

1914

1914

1914

1914

1914

516

52 5650

Numbers

52 5650

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

PLACE OF DEATH

CITY (If outside corporate limits, write RURAL and give nearest town)

TOWN

HOSPITAL OR INSTITUTION OR STREET ADDRESS

Balt Co

MARYLAND

LENGTH OF STAY (in this place)

Hoods Complement Home

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE

COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town)

TOWN

STREET ADDRESS

(If rural, give location)

Ind.

Balt.

Baltimore Ind.

5200

NAME OF DECEASED

(Type or Print)

(First)

(Middle)

(Last)

4. DATE OF DEATH

(Month)

(Day)

(Year)

Catherine

M

Numbers

June

13

1952

SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH

9. AGE last birthday

If under 1 year

If under 24 hrs.

Months

Days

Hours

Min.

Female

W.

Widowed

Sept 20 - 1973

78

yr.

10. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

nurse

Ind.

U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS

Ben Numbers

Unknown

Miss Marion Numbers

Kingville Ind.

18. MEDICAL CERTIFICATION

DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

31x Immediate cause

(a) Cerebral Hemorrhage

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral Arteriosclerosis

(c)

OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐

No ☐

ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.)

(CITY OR TOWN)

(COUNTY)

(STATE)

INJURY

TIME (Month) (Day) (Year) (Hour)

INJURY OCCURRED

HOW DID INJURY OCCUR?

While at Work

Not While At work

2. I hereby certify that I attended the deceased from 2-10-1950, to 6-13-52, that I last saw the deceased on 6-13-1952 and that death occurred at 11 A. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

James Howard

Chancellor

6-13

BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

June 15-52

Kingville Conn.

Kingville Ind.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

JUN 18 1952

Huntington Williams, M.D.

G. E. Arthur

John

RECEIVED

JUL 17 1952

BUREAU V. S.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5651**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frederick Ruff

2. DATE OF DEATH

6-16-1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

ST. Agnes Hospital

Yrs.
Mos.
Days

c. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE b. COUNTY

Maryland Baltimore

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

d. STREET ADDRESS (If rural, give location)

618 E. Edmondson Ave (28)

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

OCT. 29, 1876

9. AGE (in years last birthday)

75

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CAFEOWNER-RET.

10b. KIND OF BUSINESS OR INDUSTRY

SELF

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

FRANK RUFF

14. MOTHER'S MAIDEN NAME

VIRGINIA BENKERT

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Frederick Ruff - 618 Edmondson Ave

18. *420.1*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Myocardial Infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Coronary Occlusion

(C) DUE TO

Arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hepatomegaly

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

d. TIME (Month) (Day) (Year) (Hour) INJURY

21e. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *6/4* 19*52* to *6/16* 19*52* what I last saw the deceased alive on *6/16* 19*52* and that death occurred at *6:20* a.m., from the causes and on the date stated above.

23a. SIGNATURE

John C. Healy

M. D.

23b. ADDRESS

St. Agnes Hosp

23c. DATE SIGNED

6/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

June 17, 1952

24c. NAME OF CEMETERY OR CREMATORY

St. Solomons Lutheran Ch.

24d. LOCATION (City, town, or county) (State)

Catonville Md

DATE RECEIVED BY LOCAL REGISTRAR

JUN 18 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

George A. Tully

ADDRESS

Catonville, Md.

MEDICAL CERTIFICATION

0.0.0.0.0

NO.

CHICAGO - ILL. 1875

FRANK R.

My dear Sir,
I have the pleasure
to acknowledge the receipt
of your letter of the 10th inst.

Hoping to hear from you
again soon.

X

Yours very truly,
J. E. H. [Signature]

J. E. H. [Signature]

362
2 5652

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5652
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) HIRAM STOWERS	
2. DATE OF DEATH June 17, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Queen Anne's	
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) US Public Health Service Hospital Wyman Pk. Drive & 31st St.	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chester	
D. STREET ADDRESS (If rural, give location) 6700	
c. Length of stay in Baltimore 29 days	
5. SEX M	6. COLOR OR RACE col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 2/24/09	
9. AGE (in years last birthday) 43	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seaman	
10B. KIND OF BUSINESS OR INDUSTRY Seafarer	
11. BIRTHPLACE (State or foreign country) Va.	
12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Iram Stowers	
14. MOTHER'S MAIDEN NAME Eliza ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) ?	
16. SOCIAL SECURITY NO. ?	
17. INFORMANT Records- US PHS Hospital, Balto, Md.	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary edema due to -DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Myocardial insufficiency (hypertension) (C) Nephrosis, with uremia II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION June 17, 1952	
19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Apr. 18, 1952 , to June 17, 1952 , that I last saw the deceased alive on June 17, 1952 and that death occurred at 8:20 P.m. , from the causes and on the date stated above.	
23A. SIGNATURE J.A. Hunter, Clinical Director	
23B. ADDRESS US PHS Hospital, Balto, Md.	
23C. DATE SIGNED 6/18/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) buried	
24B. DATE 6-22-52	
24C. NAME OF CEMETERY OR CREMATORY Wawlaw 22	
24D. LOCATION (City, town, or county) (State) 22	
DATE RECEIVED BY LOCAL REGISTRAR JUN 19 1952	
REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR George G. Nelson	
ADDRESS 6735 5 6/303 Prentman st	

MEDICAL CERTIFICATION

REPUBLIC OF DENMARK
MINISTRY OF THE INTERIOR

1955

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52 5653

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5653
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Baby Gist</i>		2. DATE OF DEATH <i>6/18/952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland General Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>Westminster</i> <i>5641</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>6/17/952</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) Months Days <i>8</i> <i>55</i>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>U.S.A.</i>	
13. FATHER'S NAME <i>Harry Gist</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>6 Webster Street Westminster</i>		ADDRESS	

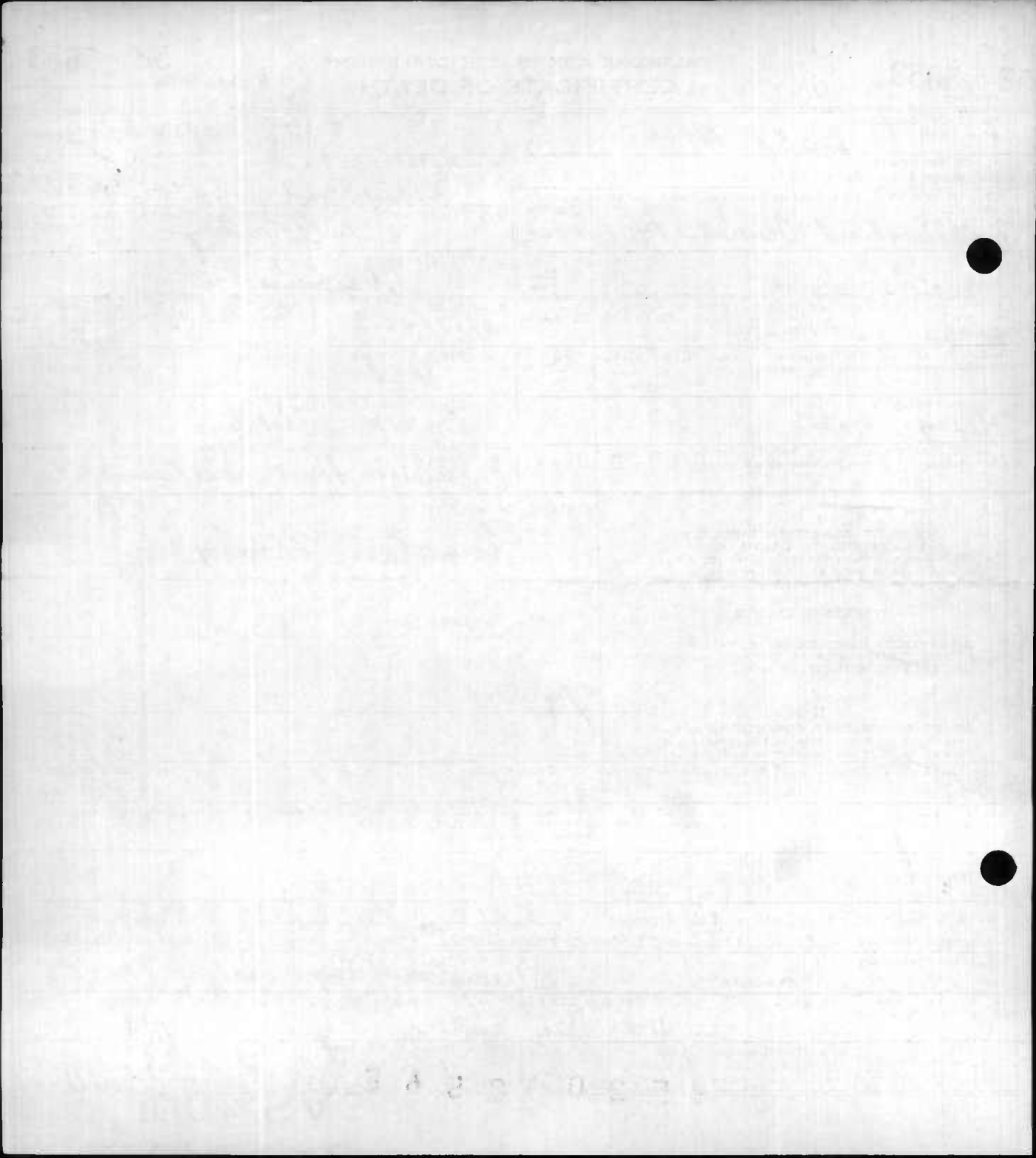
18. <i>776x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH <i>Premature "Twin A"</i> <i>Pneum</i>	INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO	(B) DUE TO	(C) DUE TO

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *6/17* 1952 to *6/18* 1952, that I last saw the deceased alive on *6/18* 1952, and that death occurred at *1:20* a.m., from the causes and on the date stated above.

23A. SIGNATURE <i>S. P. Garamidis</i>	23B. ADDRESS <i>Maryland Gen. Hosp.</i>	23C. DATE SIGNED <i>6/18/52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>June 19, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Deer Park Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Smallwood, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 19 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams M.D.</i>	25. FUNERAL DIRECTOR <i>John R. Byers Westminster Md.</i>	ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5654**

BIRTH NO. **5654** **62-12884**

1. NAME OF DECEASED
(Type or Print)

Henry B. Wilson, Jr. (Infant of Mary Alexander)

2. DATE OF DEATH

June 6, 1952

3. PLACE OF DEATH:

A. **Baltimore City, Maryland**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

808 North Bruce Street - 17

c. Length of stay in Baltimore

4 years

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

-

8. DATE OF BIRTH

June 5, 1952

9. AGE (In years last birthday)

If Under 1 Year Months: Days: Hours: Min.

1

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Infant

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Henry Wilson

14. MOTHER'S MAIDEN NAME

Mary Strand

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Hospital Records

ADDRESS

18. **776x**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June 5, 1952** to **June 6, 1952**, that I last saw the deceased alive on **June 6, 1952** and that death occurred at **6.40 Pm.** from the causes and on the date stated above.

23A. SIGNATURE

John Busby

M. D.

23B. ADDRESS

The Johns Hopkins Hospital

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

Harp. Desford

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

6 0 0 5 6 5 1

11/15/52

RECEIVED

11/15/52



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16 P. 159775
52 5655

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 5655

BIRTH NO. 52-12340

1. NAME OF DECEASED (Type or Print) Baby Boy Cooper- Jeannette			2. DATE OF DEATH 6-5-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City H ospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1524 E. Biddle St.		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 4, 1952	9. AGE (In years last birthday) 1	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Bernard Saunders			14. MOTHER'S MAIDEN NAME Jeanette Cooper		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS B. C. H. Records, 4940 Eastern Ave.		

18. 760.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Intra Cranial Hemorrhage DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Intra Cranial Hemorrhage (B) (C)	INTERVAL BETWEEN ONSET AND DEATH Life
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19A. DATE OF OPERATION 7	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from June 4 , 19 52 , June 5 , 19 52 , that I last saw the deceased alive on June 5 , 19 52 , and that death occurred at 8.40AM , from the causes and on the date stated above.		
23A. SIGNATURE P. B. Rogers M. D.	23B. ADDRESS 4940 Eastern Ave.	23C. DATE SIGNED 6-13-52

24A. BURIAL, CREMATION, REMOVAL (Specify) Cremated	24B. DATE June 7, 1952	24C. NAME OF CEMETERY OR CREMATORY B. C. H. Crematory	24D. LOCATION (City, town, or county) (State) 4940 Eastern Ave.
DATE RECEIVED BY LOCAL REGISTRAR JUN 19 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS 205652

MEDICAL CERTIFICATION

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 5656

260
2 5656

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>John Albert Rosier</u>		2. DATE OF DEATH <u>June 17, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md</u> B. COUNTY <u>Balto.</u>	
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution location) <u>4008 Fleetwood Ave</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto.</u>	
c. Length of stay in Baltimore 22 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <u>4008 Fleetwood Ave</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 21, 1912</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>OWN. Business</u>	9. AGE (in years last birthday) <u>40</u>
13. FATHER'S NAME <u>Joshua H. Rosier</u>		11. BIRTHPLACE (State or foreign country) <u>Balto Co Md</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? <u>U S A.</u>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <u>Anna Rosier</u>	
17. INFORMANT		ADDRESS <u>Mrs John A. Rosier 4008 Fleetwood Ave</u>	

18. <u>162X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <u>Carcinoma of Lungs</u>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH <u>18 mo.</u>
(A) DUE TO		

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <u>April 1951</u>		19B. MAJOR FINDINGS OF OPERATION <u>Bronchogenic Carcinoma, Right</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June 6, 1948 to June 17, 1952, that I last saw the deceased alive on June 17, 1952, and that death occurred at 7:05 PM from the causes and on the date stated above.

23A. SIGNATURE <u>Edwin Glavis</u>		23B. ADDRESS <u>6232 Belair Rd</u>		23C. DATE SIGNED <u>June 18, 1952</u>	
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24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>6/20/52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Parkwood Cen</u>		24D. LOCATION (City, town, county) (State) <u>Balto Md</u>	
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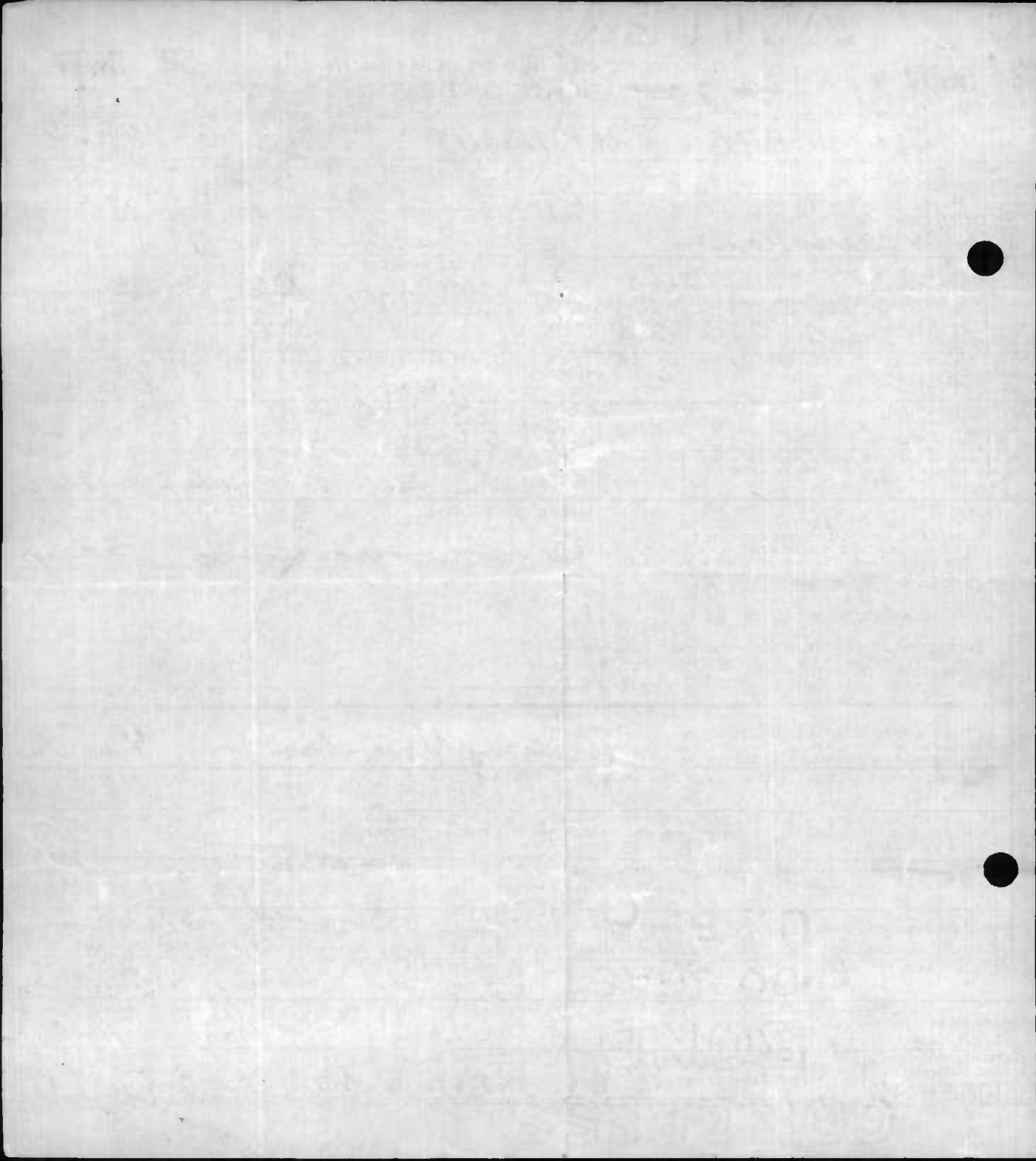
DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 19 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		25. FUNERAL DIRECTOR <u>Lassahn Funeral Home</u>		ADDRESS <u>7401 Belair Rd</u>	
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D. Swiss

152
5657BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5657
Registered No.

1. NAME OF DECEASED (Type or Print) ISAAC ROBINSON		2. DATE OF DEATH 6-18-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Balto	
B. FULL NAME OF HOSPITAL OR INSTITUTION Levindale		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto	
5. LENGTH OF STAY IN BALTIMORE 74		D. STREET ADDRESS (If rural, give location) Greenspring & Belvedere Ave	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 86
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Mark		14. MOTHER'S MAIDEN NAME Ethel	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no.		16. SOCIAL SECURITY NO.	
17. INFORMANT Julius Lohr - 2517 Liberty Heights Ave		ADDRESS	
18. 491X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH 3 days	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary thrombosis			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12-11 , 19 51 , to 6-18 , 19 52 that I last saw the deceased alive on 6-18 , 19 52 , and that death occurred at 5 p.m., from the causes and on the date stated above.			
23A. SIGNATURE Henry Nagel		23B. ADDRESS Levindale Home	
23C. DATE SIGNED 6-18-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/18/1952	
24C. NAME OF CEMETERY OR CREMATORY Bnai Israel		24D. LOCATION (City, town, or county) (State) Balto	
DATE RECEIVED BY LOCAL REGISTRAR JUN 19 1952		25. FUNERAL DIRECTOR Huntington Williams, Mort. Servs. Inc. - 2100 Eutan Pl	

MEDICAL CERTIFICATION



CERTIFICATE CORRECTED 6-20-52

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 5658

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Samuel
HOWARD / JONES

2. DATE OF DEATH
June 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland**
B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
3705 Elkader Road

c. Length of stay in Baltimore

5. SEX **male**
6. COLOR OR RACE **white**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH
June 8, 1893

9. AGE (In years last birthday) **59**
If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Foreman

10B. KIND OF BUSINESS OR INDUSTRY
Railroad

11. BIRTHPLACE (State or foreign country)
Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
Levin Katin Jones

14. MOTHER'S MAIDEN NAME
Elizabeth Ann Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
717-07-7618

17. INFORMANT ADDRESS
Mrs. Bettye Powell Jones-3705 Elkader Rd.

18. **E812.4**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Multiple fractures, abrasions and contusions**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Fracture of skull**
DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
pier

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Penn. R.R. Pier #1-foot of Clinton St.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
June 17, 1952 3:45 P. m.

21E. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

Struck by auto

26-36

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐ ASSISTANT MEDICAL EXAMINER.....☒ MEDICAL INVESTIGATOR.....☒

23C. DATE SIGNED

June 18, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

6/20/52

Baltimore Cem.

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

V S 151

N 803.2

52350

Balto 17, Md

MEDICAL CERTIFICATION

work & results of mid
winter studies.

653

2-5659

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5659

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) GENEVIEVE BURNETT		2. DATE OF DEATH 6-17-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY MD			
B. FULL NAME OF HOSPITAL OR INSTITUTION MERCY		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) BALTIMORE 28-02			
c. Length of stay in Baltimore ?		D. STREET ADDRESS (If rural, give location) 5312 Wesley Ave.			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Feb 21, 1895	9. AGE (in years last birthday) 57	10. Under 1 Year Months: Days: Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) Connecticut	
13. FATHER'S NAME Charles Schwartz		14. MOTHER'S MAIDEN NAME ?		12. CITIZEN OF WHAT COUNTRY? U.S.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

18. 260x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial infarction?	CAUSE OF DEATH (A) Myocardial infarction?	INTERVAL BETWEEN ONSET AND DEATH ?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Psychonephritis	(B) Psychonephritis	?
	(C) Diabetes Mellitus	

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION ✓	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6-16**, 19**52**, to **6-17**, 19**52**, that I last saw the deceased alive on **6-17**, 19**52**, and that death occurred at **3:00P** m., from the causes and on the date stated above.

23A. SIGNATURE Wm. H. H. Shea M. D.	23B. ADDRESS Mary	23C. DATE SIGNED 6-17-52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/2-52	24C. NAME OF CEMETERY OR CREMATORY Lorraine Park Cem.	24D. LOCATION (City, town, or county) (State) Woodlawn, Md.
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DATE RECEIVED BY LOCAL REGISTRAR JUN 19 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR J. Pickner & Sons	ADDRESS Balto 17, Md.
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AB-159674
52 5660BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5660

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Harry Pribyl		June 17-1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospitals 4940 Eastern Ave.		c. CITY OR TOWN (If outside corporate limits, write BURIAL and give township) Baltimore	
c. Length of stay in Baltimore 11yrs		d. STREET ADDRESS (If rural, give location) 741 W. North Ave. zone 17	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH May 2- 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10b. KIND OF BUSINESS OR INDUSTRY Barber Shop	9. AGE (In years last birthday) 71
11. BIRTHPLACE (State or foreign country) Austria		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Joseph Pribyl		14. MOTHER'S MAIDEN NAME Josephine (?)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) none		16. SOCIAL SECURITY NO.	
17. INFORMANT Baltimore City Hospital Records: 4940 Eastern Ave.			

18. <u>775X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO CAUSE OF DEATH ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(A) Acute pulmonary insufficiency (B) Pulmonary fibrosis and emphysema (C) Arteriosclerotic Heart Disease	INTERVAL BETWEEN ONSET AND DEATH 24 hrs. ? ?
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19a. DATE OF OPERATION 6-16-52	19b. MAJOR FINDINGS OF OPERATION Pneumoperitoneum (O ₂ retention 2° to emphysema)	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <input type="checkbox"/>	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 6-1-1952, to 6-17-1952, that I last saw the deceased alive on 6-17-1952, and that death occurred at 4. 30AM from the causes and on the date stated above.		
23a. SIGNATURE P. D. Rogers	23b. ADDRESS 4940 Eastern Ave., Balto., Md.	23c. DATE SIGNED 6-17-1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/20/52	24c. NAME OF CEMETERY OR CREMATORY Greenmount Cem.	24d. LOCATION (City, town, or county) (State) Balto., Md.
DATE RECEIVED BY LOCAL REGISTRAR JUN 19 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR J. P. Pickens & Sons	ADDRESS Baltimore, Md.

VS 150
7408F

This was an old The
ing in R. E. H. D. 1900
earing of lung dist. fibrous enlargement.

632
52 5661

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5661
Registered No.

1. NAME OF DECEASED (Type or Print) Henry M MARKS		2. DATE OF DEATH 6-18-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY 11-2-5	
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hosp		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1834 Clifton Ave.	
c. Length of stay in Baltimore		8. DATE OF BIRTH 1878	
5. SEX M	6. COLOR OR RACE W	9. AGE (In years last birthday) 74	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		10. BIRTHPLACE (State or foreign country) Penna	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Business		12. CITIZEN OF WHAT COUNTRY?	
10B. KIND OF BUSINESS OR INDUSTRY prop.		14. MOTHER'S MAIDEN NAME Jennie Goldie Scholler	
13. FATHER'S NAME Sidney Marks		17. INFORMANT ADDRESS Mrs Rebecca Cantrill 1834 Clifton Ave	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
18. 420.1 and 239X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Coronary Thrombosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. AS CVD Tumor of Parotid gland II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 6-13 , 19 52 to 6-18 , 19 52 that I last saw the deceased alive on 6-18 , 19 52 , and that death occurred at 7:15 PM. , from the causes and on the date stated above.			
23A. SIGNATURE Marvin J. Rosenberg		23B. ADDRESS Luth. Hosp	
23C. DATE SIGNED 6-18-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 20, 1952	
24C. NAME OF CEMETERY OR CREMATORY Hebrew Friendship Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore Md	
DATE RECEIVED BY LOCAL REGISTRAR JUN 19 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
VS 150		25. FUNERAL DIRECTOR Robt. J. Robinson & Bros W. Nathan	

MEDICAL CERTIFICATION

29088

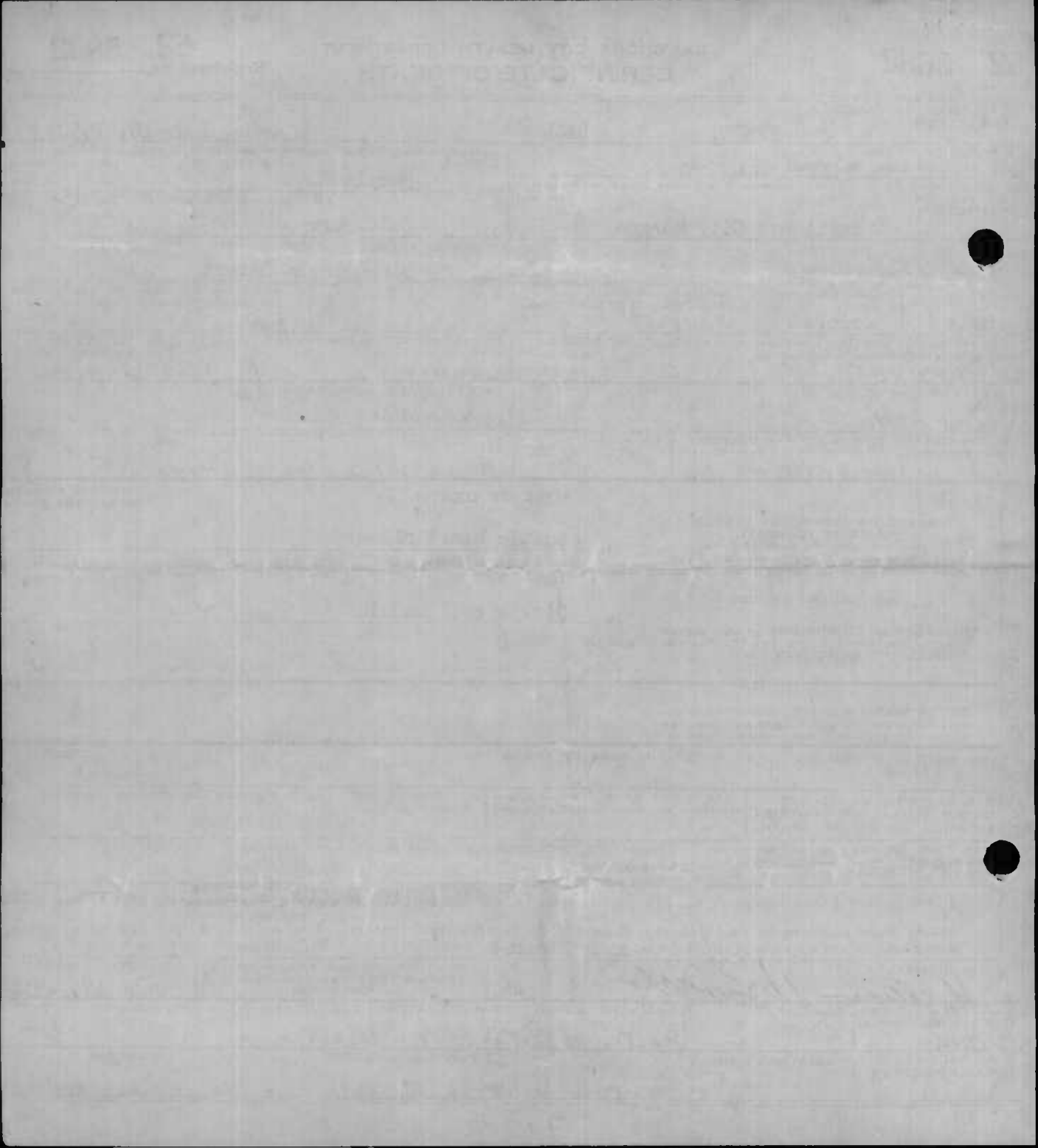
400
52 5662

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5662
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		ERNEST BALL		June 16, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
Baltimore City Morgue		A. STATE: Maryland B. COUNTY: Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
		Baltimore			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
		316 Diamond Street			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months Days
Male	Colored	MARRIED	?	56	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
LABORER		? Gen		UNKNOWN	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
UNKNOWN		UNKNOWN		U. S. A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
YES		WORLD WAR #1		LUCILE BALL. 316 DIAMOND ST.	
1B. 023X		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Luetic heart disease			
ANTECEDENT CAUSES		(B) Sick cell anemia			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Inspection & Inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER.....		23C. DATE SIGNED	
William Updegraff		M.D.		June 17, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
BURIAL	6/18/52	BALTIMORE NATIONAL CEM		BALTIMORE Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
JUN 19 1952		Huntington Williams		WILLIAM S. JACKSON 916 PENNA. AVE.	

97099



200
5663

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5663
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Adelia Lewis</i>		2. DATE OF DEATH <i>6-18-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>3208 Barclay St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore <i>14</i> Yrs. <i>Mon</i> Days		D. STREET ADDRESS (If rural, give location) <i>3208 Barclay St.</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>col</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>3</i>	8. DATE OF BIRTH <i>1/21/1893</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <i>Domestic</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Housework</i>	
13. FATHER'S NAME <i>Wade Bright</i>		14. MOTHER'S MAIDEN NAME <i>Cornelius Gilbert</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>301-8-2220</i>	
17. INFORMANT <i>Gladys Gilbert</i>		ADDRESS <i>1202 E. 23 St.</i>	
18. <i>331X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH <i>Cerebral Hemorrhage</i>	
DUE TO (A) <i>Cerebral Hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs.</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO (B) <i>Cerebral Hemorrhage</i>	
DUE TO (C) <i>Cerebral Hemorrhage</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>6/18/52</i> , 1952, to <i>6/18/52</i> , 1952, that I last saw the deceased alive on <i>6/18/52</i> , 1952, and that death occurred at <i>1</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Face Johnson</i>		23B. ADDRESS <i>301-8-2220</i>	
23C. DATE SIGNED <i>June 18-52</i>			
24A. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>6/2/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>MT. Calvary Cem.</i>		24D. LOCATION (City, town, or county) (State) <i>D.C. Co. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 19 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
25. FUNERAL DIRECTOR <i>William J. Jackson</i>		ADDRESS <i>716 Parnassus</i>	

LP 3252
BE 2964

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5664**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JAMES FRANK SCHULTZ Szulczeni		2. DATE OF DEATH June 18, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
5. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		6. STREET ADDRESS (If rural, give location) 3107 O'Donnell Street - 24	
c. Length of stay in Baltimore life		8. DATE OF BIRTH Sept 21/1903	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	9. AGE (in years last birthday) 48
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Clerk		10b. KIND OF BUSINESS OR INDUSTRY Esskay Products Co.	
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME George Szulczeni		14. MOTHER'S MAIDEN NAME Josephine Topolska	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 218-07-2604	
17. INFORMANT Anna Szulczeni		ADDRESS 3035 O'Donnell St	
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Congestive heart failure DUE TO CAUSE OF DEATH Hypertensive cardiovascular disease DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21d. HOW DID INJURY OCCUR?	
21e. TIME (Month) (Day) (Year) (Hour) OF INJURY		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 17 , 19 52 to June 18 , 19 52 , that I last saw the deceased alive on June 18 , 19 52 , and that death occurred at 5:00a m., from the causes and on the date stated above.			
23a. SIGNATURE Piazza		23b. ADDRESS 1400 N. Caroline St. - 13	
23c. DATE SIGNED June 18, 1952			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE June 21/52	
24c. NAME OF CEMETERY OR CREMATORY Holy Rosary		24d. LOCATION (City, town, or county) (State) Balto Co Md	
DATE RECEIVED BY LOCAL REGISTRAR JUN 19 1952		REGISTRAR'S SIGNATURE Huntington Williams	
VS 150		39248	

MEDICAL CERTIFICATION

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CERTIFICATE OF DEATH

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52 5685BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5685

1. NAME OF DECEASED (Type or Print) <i>Mary Butler Davis</i>		2. DATE OF DEATH <i>6-17-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institutional residence before admission) A. STATE <i>md</i> B. COUNTY <i>16-01</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>	
C. Length of stay in Baltimore <i>?</i>		D. STREET ADDRESS (If rural, give location) <i>1209 Laurens St</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>9/13/13</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>domestic</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <i>38</i>
13. FATHER'S NAME <i>James E. Butler</i>		11. BIRTHPLACE (State or foreign country) <i>Va.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Alma Tracy</i>	
17. INFORMANT ADDRESS		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	

18. <i>445X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Hypertension, malignant</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Obesity, marked</i> DUE TO (C)	CAUSE OF DEATH <i>Hypertension, malignant</i> <i>Obesity, marked</i>	INTERVAL BETWEEN ONSET AND DEATH <i>?</i> <i>?</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>6-16-52</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *6-16-52*, 19*52*, to *6-17-52*, 19*52*, that I last saw the deceased alive on *6-17-52*, 19*52*, and that death occurred at *10:15 A.m.*, from the causes and on the date stated above.

23A. SIGNATURE *Roger A. Scott* 23B. ADDRESS *University Hospital* 23C. DATE SIGNED *6-17-52*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *6/20/52* 24C. NAME OF CEMETERY OR CREMATORY *Northumberland Co. Va.* 24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR *JUN 19 1952* REGISTRAR'S SIGNATURE *Huntington Williams* 25. FUNERAL DIRECTOR *Reg. S. Nelson* ADDRESS *1303 Presstman St*

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 5666

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Charles Brown2. DATE
OF
DEATH June 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)1312 N. Fremont Ave

C. Length of stay in Baltimore

?Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)M10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Porter10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Thos. Brown15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)no16. SOCIAL
SECURITY NO.212-01-9935

17. INFORMANT

ADDRESS

Celia Brown 1312 N. Fremont Ave18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) CARDIO VASCULAR DISEASE

DUE TO

2 YRS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) CEREBRAL HEMORRHAGE

DUE TO

3 WKS

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 26, 1952, to JUNE 16, 1952, that I last saw the
deceased alive on JUNE 16, 1952, and that death occurred at 9:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial

24B. DATE

6/19/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Balto. Md.

ADDRESS

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

Geo. G. Kelson 1303 Presstman St.

1941

CENTRAL CASE OF DEATH

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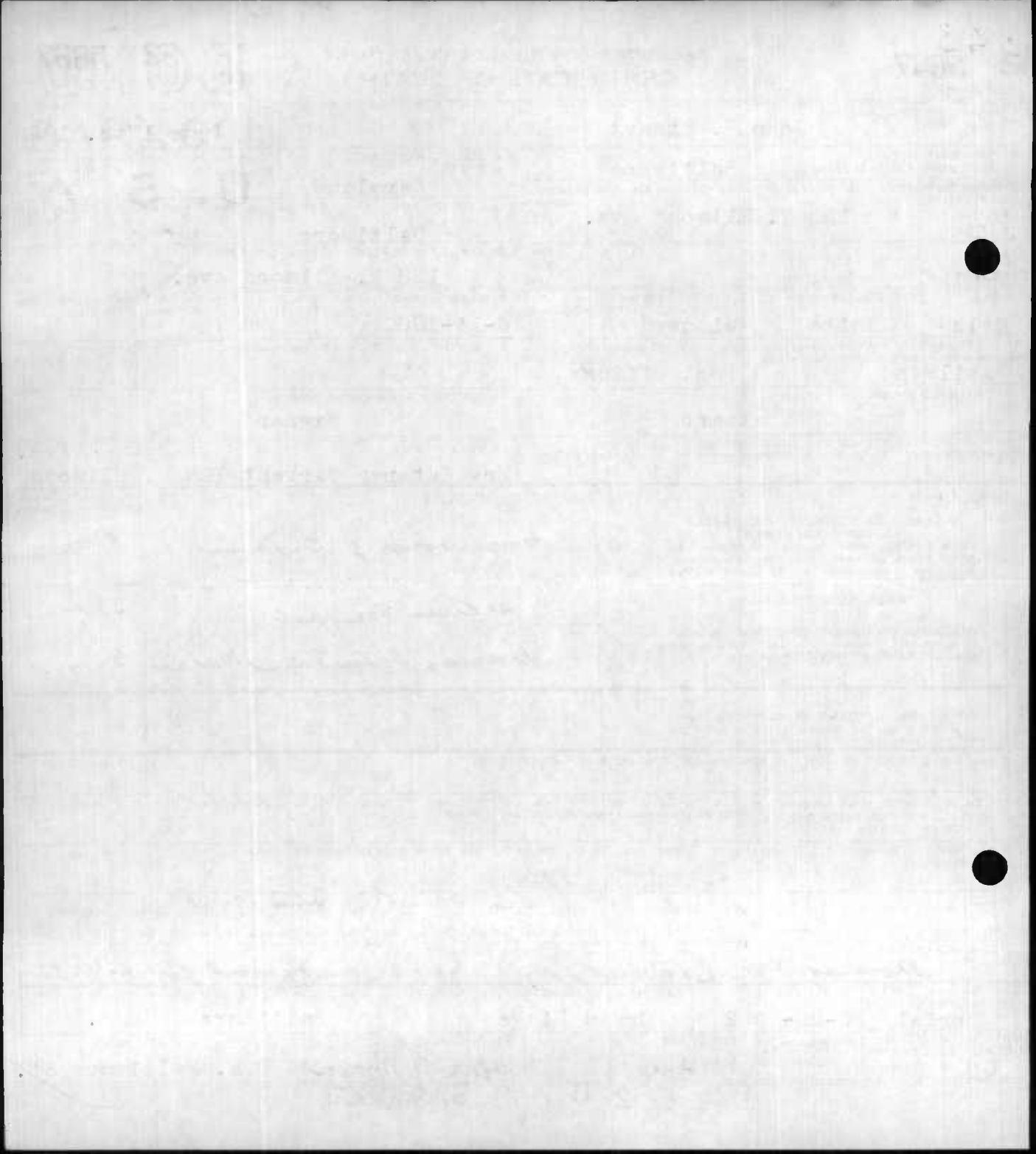
1941

363
52 5667BALTIMORE CITY HEALTH DEPARTMENT.
CERTIFICATE OF DEATH

Registered No. 52 5667

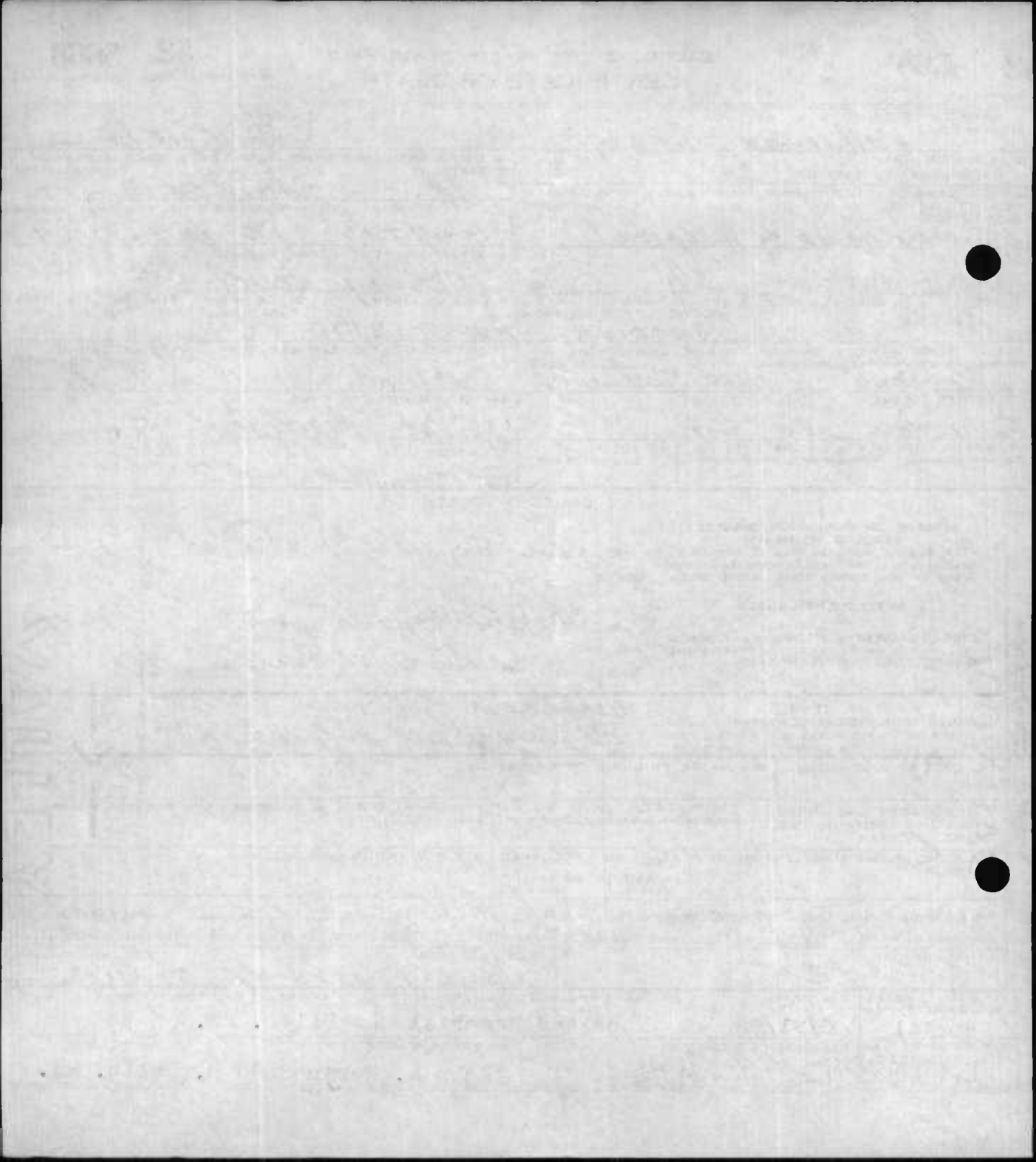
BIRTH NO.

1. NAME OF DECEASED (Type or Print) John F. Stuart		2. DATE OF DEATH June 17th. 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived. If institution: residence) A. STATE Maryland B. COUNTY 6-21 Before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION 128 N. Ellwood Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 128 N. Ellwood Ave.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 6-14-1860
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mailman		10B. KIND OF BUSINESS OR INDUSTRY Post Office	9. AGE (In years last birthday) 92
11. BIRTHPLACE (State or foreign country) ?		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME ? stuart		14. MOTHER'S MAIDEN NAME ? Warner	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs Kathryn Parkent		ADDRESS Ave. 128 N. Ellwood	
18. 153X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Carcinoma of Stomach DUE TO 8 mo ANTECEDENT CAUSES (B) arterio sclerosis DUE TO 5 yr (C) chronic interstitial nephritis DUE TO 3 yr II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 17, 1951 , to June 17, 1951 , that I last saw the deceased alive on June 16, 1952 , and that death occurred at 4 P. m., from the causes and on the date stated above.			
23A. SIGNATURE Thomas F. A. Stevens M.D.		23B. ADDRESS 2878 Starkey and 14	
23C. DATE SIGNED 6-19-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-20-1952	
24C. NAME OF CEMETERY OR CREMATORY Druid Ridge		24D. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 19 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR John A. Moran		ADDRESS 3000 E. Baltimore st.	



463
52 5668BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5668
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Fullerton, Gregg</i>		2. DATE OF DEATH <i>6/18/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY <i>Baltimore city</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Church Home & Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>GODDARD 12</i>			
C. Length of stay in Baltimore <i>3 1/2</i> Yrs. <i>Mar.</i> <i>Dec.</i>		D. STREET ADDRESS (If rural, give location) <i>10Rkney Court 27-48</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>August 23, 1895</i>	9. AGE (in years last birthday) <i>56</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Gen. Electric Co.</i>		11. BIRTHPLACE (State or foreign country) <i>Scotland.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>OPERATIVE Elec. App'n</i> <i>Fullerton, Geo Scotland</i>			
14. MOTHER'S MAIDEN NAME <i>Milne, Margaret Scotland</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Fullerton, Nancy Ann 10Rkney Court</i>			
18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) <i>cerebral vascular accident</i>		DUE TO		<i>1 day</i>	
(B) <i>Art. Scler Hypertensive</i>		DUE TO		<i>10 yrs</i>	
(C) <i>cardio vascular disease</i>		DUE TO		<i>10 yrs</i>	
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Discharge of liver</i> <i>old myocardial infarction</i>					
19A. DATE OF OPERATION <i>7/1</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>6/17/52</i> , 19 <i>52</i> , to <i>6/18/52</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>6/18/52</i> , and that death occurred at <i>3:30</i> pm., from the causes and on the date stated above.					
23A. SIGNATURE <i>John A. Moran</i>		23B. ADDRESS <i>Church Home & Hospital</i>		23C. DATE SIGNED <i>6/18/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>6/21/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Moreland Memorial</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>		24E. FUNERAL DIRECTOR <i>John A. Moran</i>		24F. ADDRESS <i>3000 E. Balto. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 19 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>John A. Moran</i>	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5669**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James Edwin Cole

2. DATE OF DEATH **6-17-52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Baltimore, Md.**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Agnes Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Divorced

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland** B. COUNTY **Baltimore, Co.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, Maryland

D. STREET ADDRESS (If rural, give location)

Catonsville Home for Aged-315 Ingleside Ave. 28

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cook

10B. KIND OF BUSINESS OR INDUSTRY

State Hospital

13. FATHER'S NAME

James Henry Cole

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO. **213-10-8435**

8. DATE OF BIRTH

6/29/1893

9. AGE (In years last birthday)

58

11 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

Elizabeth Gorsuch

17. INFORMANT **Catonsville, Md.** ADDRESS **Mrs. Lena Galatian 315 Ingleside Ave.**

18. **410X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Mitral stenosis - 25 yrs.**
DUE TO **Rheumatic cardis vase. dis.**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Subacute bact. endocarditis 9 yrs.**
DUE TO **Cong. ht. failure 1 mo.**

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **June 17, 1952** to **June 17, 1952** that I last saw the deceased alive on **June 17, 1952** and that death occurred at **7:25 PM.**, from the causes and on the date stated above.

23A. SIGNATURE

George Stein

M. D.

23B. ADDRESS

St. Agnes

23C. DATE SIGNED

6-17-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/19/52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Taylor Ave. Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Easton Sons Catonsville, Md.

75487

MEDICAL CERTIFICATION

1944-1945

1946-1947

1948-1949

1950-1951

1952-1953

1954-1955

1956-1957

1958-1959

1960-1961

1962-1963

1964-1965

1966-1967

1968-1969

1970-1971

1972-1973

1974-1975

1976-1977

1978-1979

1980-1981

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 58 5670

430
52 **5670**
BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILLIE PEARL FLOYD		2. DATE OF DEATH June 15, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admision) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2209 Presbury St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-03	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 2209 Presbury St.	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Sept. 19, 1895
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At home	9. AGE (In years last birthday) 56 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. FATHER'S NAME James Ingram		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS Leroy Floyd, 2209 Presbury St.	
14. MOTHER'S MAIDEN NAME Unknown			

MEDICAL CERTIFICATION

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) Arteriosclerotic cardiovascular Disease Stroke (B) _____ (C) _____
INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Osteoarthritis	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>Stanley H. Dunne</i> M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED June 18, 1952	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 18, 1952		24C. NAME OF CEMETERY or CREMATORY Mt. Calvary		24D. LOCATION (City, town, or county) (State) Brooklyn, Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 19 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		FUNERAL DIRECTOR <i>Elroy Wilson</i>		ADDRESS <i>1000 Bunting Rd</i> Elroy Wilson	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5671**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Luke J. Foley			2. DATE OF DEATH 6/17/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 612 Arlington Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 612 Arlington Avenue					
c. Length of stay in Baltimore About 40 years			Yrs. Mos. Days		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2/8/1881		9. AGE (In years last birthday) 71
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur		10B. KIND OF BUSINESS OR INDUSTRY ?	11. BIRTHPLACE (State or foreign country) Baltimore County		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Thomas Foley			14. MOTHER'S MAIDEN NAME Mary Whalen		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.			
17. INFORMANT Mrs. Luke J. Foley- 612 Arlington Ave.			ADDRESS		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
(A) Coronary occlusion		DUE TO		3 hrs
ANTECEDENT CAUSES		(B) _____		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO		
(C) _____				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Primary anemia, severe		6 yrs.

19A. DATE OF OPERATION 6/17/52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **Jan 17, 1952**, to **Jan 17, 1952**, that I last saw the deceased alive on **Jan 17, 1952**, and that death occurred at **3:30 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE Frederick J. Wallner M. D.		23B. ADDRESS 6100 York Rd		23C. DATE SIGNED 6-19-52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/20/52	24C. NAME OF CEMETERY OR CREMATORY New Cathedral	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	

DATE RECEIVED BY LOCAL REGISTRAR JUN 19 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR H. T. Meigs & Son	ADDRESS 805 N. Calvert St.
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CERTIFICATE OF DEATH

State of New York

County of _____

City of _____

On this _____ day of _____

525
5672
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5672
Registered No.

1. NAME OF DECEASED (Type or Print) HARRY JOHNSON		2. DATE OF DEATH June 15, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Md. b. COUNTY 7-05	
b. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Like		d. STREET ADDRESS (If rural, give location) 1600 E. Monument St.	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Nov. 27, 1909
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School		10b. KIND OF BUSINESS OR INDUSTRY as General	9. AGE (in years last birthday) 42
13. FATHER'S NAME George Johnson		11. BIRTHPLACE (State or foreign country) Baltimore	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) m		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Josephine Johnson	
17. INFORMANT Robert B. Johnson		ADDRESS 1710 Ashland St.	

18. 583.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(A) Hepatitis, etiology undetermined		
	(B) Multiple lung abscesses		
	(B) Aspiration pneumonia		
	(C) Dehydration and acidosis		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23a. SIGNATURE R. B. Fisher		23b. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23c. DATE SIGNED June 16, 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/19/52		24c. NAME OF CEMETERY OR CREMATORY mt Calvary	
24d. LOCATION (City, town, or county) (State) Brooklyn Md		25. FUNERAL DIRECTOR Huntington Williams		ADDRESS 6015 Buntly Ave	

25 5078

BUREAU OF CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

DATE OF DEATH: 12-15-1918

PLACE OF DEATH: HOME

25

Blank form with horizontal lines for text entry.

H-500
52 5673BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5673
Registered No. _____

BIRTH NO. _____			1. NAME OF DECEASED (Type or Print) <i>Lula Hamm</i>			2. DATE OF DEATH <i>17 June 1952</i> <i>9-30 P.M.</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1200 Valley St</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____					
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Little Sisters of the Poor</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>					
C. Length of stay in Baltimore <i>5 months</i>			D. STREET ADDRESS (If rural, give location) <i>1200 Valley St 10-01</i>					
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>17 Sept 1888</i>	9. AGE (In years last birthday) <i>64 3</i>	11. BIRTHPLACE (State or foreign country) <i>me</i>		12. CITIZEN OF WHAT COUNTRY?	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY					
13. FATHER'S NAME <i>John W. Haines</i>			14. MOTHER'S MAIDEN NAME <i>Laura Kusbaum</i>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT <i>Little Sister of the Poor</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.			ADDRESS		
18. <i>156.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of Liver</i>			CAUSE OF DEATH (A) <i>Metastasis in Lungs</i>			INTERVAL BETWEEN ONSET AND DEATH <i>3 months</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) <i>Metastasis in Lungs</i>			<i>1 month</i>		
(C) _____								
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>March 1-1952</i> , to <i>June 17-1952</i> , that I last saw the deceased alive on <i>June 16, 1952</i> , and that death occurred at <i>9-30 P.M.</i> , from the causes and on the date stated above.								
23A. SIGNATURE <i>E. G. Hall M.D.</i>			23B. ADDRESS <i>1637 E North Ave</i>			23C. DATE SIGNED <i>June 18-52</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>			24B. DATE <i>June 21/52</i>			24C. NAME OF CEMETERY OR CREMATORY <i>Presbyterian</i>		
24D. LOCATION (City, town, or county) (State) <i>New Windsor, Md</i>			25. FUNERAL DIRECTOR <i>Edgar H. Giedefeld</i>			ADDRESS <i>900 E. Biddle St</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 19 1952</i>			REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>					

2-362
52 5674

52 5674

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) **ARCHER W. PETERSON** 2. DATE OF DEATH **JUNE 18 1952**

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **MARYLAND.** B. COUNTY _____

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **433 E. 25TH ST.** C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **BALTIMORE**

D. STREET ADDRESS (If rural, give location) **433 E. 25TH ST 12-03**

C. Length of stay in Baltimore **LIFE** Yrs. Mos. Days

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **DIVORCED** 8. DATE OF BIRTH **OCT 19, 1869** 9. AGE (in years last birthday) **82** If Under 1 Year Months: Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **RETIRED STONE CUTTER** 10B. KIND OF BUSINESS OR INDUSTRY **CLUFF & MALLORY** 11. BIRTHPLACE (State or foreign country) **MARYLAND** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13. FATHER'S NAME **THOMAS L. PETERSON** 14. MOTHER'S MAIDEN NAME **SARAH R. CRESWELL**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. _____ 17. INFORMANT **ETTA M. BORTLE-2713 HUNTINGDON AVE** ADDRESS **AVE**

18. **450.0** CAUSE OF DEATH **generalized arteriosclerosis** INTERVAL BETWEEN ONSET AND DEATH **80Y YRS.**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO _____

ANTECEDENT CAUSES (B) _____ DUE TO _____

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____

19A. DATE OF OPERATION **0** 19B. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____ 21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK 21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Jan 8, 1949**, to **June 18, 1952**, that I last saw the deceased alive on **June 17, 1952**, and that death occurred at **11:45** m., from the causes and on the date stated above.

23A. SIGNATURE **E. E. Cresswell** 23B. ADDRESS **2431 Maryland Avenue** 23C. DATE SIGNED **6-19-52**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **June 21/52** 24C. NAME OF CEMETERY OR CREMATORY **Poplar** 24D. LOCATION (City, town, or county) (State) **Balto Co, Md.**

DATE RECEIVED BY LOCAL REGISTRAR **JUN 19 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **Charles E. Donovan** ADDRESS **3818 Roland Ave**

VS 150

MEDICAL CERTIFICATION

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of medical examiner		12. Signature of coroner	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery	
16. Signature of hospital		17. Signature of nursing home		18. Signature of other institution	
19. Signature of family		20. Signature of friends		21. Signature of neighbors	
22. Signature of community		23. Signature of church		24. Signature of school	
25. Signature of other		26. Signature of other		27. Signature of other	
28. Signature of other		29. Signature of other		30. Signature of other	
31. Signature of other		32. Signature of other		33. Signature of other	
34. Signature of other		35. Signature of other		36. Signature of other	
37. Signature of other		38. Signature of other		39. Signature of other	
40. Signature of other		41. Signature of other		42. Signature of other	
43. Signature of other		44. Signature of other		45. Signature of other	
46. Signature of other		47. Signature of other		48. Signature of other	
49. Signature of other		50. Signature of other		51. Signature of other	
52. Signature of other		53. Signature of other		54. Signature of other	
55. Signature of other		56. Signature of other		57. Signature of other	
58. Signature of other		59. Signature of other		60. Signature of other	
61. Signature of other		62. Signature of other		63. Signature of other	
64. Signature of other		65. Signature of other		66. Signature of other	
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73. Signature of other		74. Signature of other		75. Signature of other	
76. Signature of other		77. Signature of other		78. Signature of other	
79. Signature of other		80. Signature of other		81. Signature of other	
82. Signature of other		83. Signature of other		84. Signature of other	
85. Signature of other		86. Signature of other		87. Signature of other	
88. Signature of other		89. Signature of other		90. Signature of other	
91. Signature of other		92. Signature of other		93. Signature of other	
94. Signature of other		95. Signature of other		96. Signature of other	
97. Signature of other		98. Signature of other		99. Signature of other	
100. Signature of other		101. Signature of other		102. Signature of other	

A-140
52 5675
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5675
Registered No. _____

1. NAME OF DECEASED (Type or Print) WINIFRED V. HEAVEL		2. DATE OF DEATH JUNE 17, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE MARYLAND B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3623 OLD-YORK RD.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
c. Length of stay in Baltimore LIFE		D. STREET ADDRESS (If rural, give location) 3623 OLD YORK RD.	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB 12, 1896
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10B. KIND OF BUSINESS OR INDUSTRY -	9. AGE (In years last birthday) 56 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME MICHAEL P. REILLY		12. CITIZEN OF WHAT COUNTRY? U.S.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME KATHERINE BOLAND	
19. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS RD. CHARLES A. HEAVEL-3623 OLD YORK	

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ARTERIOSCLEROTIC HEART DISEASE	CAUSE OF DEATH (A) ARTERIOSCLEROTIC HEART DISEASE DUE TO (B) _____ DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH several years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-11 , 19 49 , to 6/17 , 19 52 , that I last saw the deceased alive on 6/16 , 19 52 , and that death occurred at 4 A.m. , from the causes and on the date stated above.					
23A. SIGNATURE <i>Dr. J. J. London</i>		23B. ADDRESS 1737 E. NORTH A		23C. DATE SIGNED 6/17/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 20/52		24C. NAME OF CEMETERY OR CREMATORY London Park	
24D. LOCATION (City, town or county) (State) Fredrick Rd Md		25. FUNERAL DIRECTOR Huntington Williams		ADDRESS 3818 Roland Ave	

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DATE OF DEATH

DECEASED

PLACE OF DEATH

RESIDENCE

DATE OF BIRTH

AGE

PLACE OF BIRTH

SEX

DATE OF MARRIAGE

CAUSE OF DEATH

DATE OF INTERMENT

PLACE OF INTERMENT

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) **ALICE B. BRAUER**

2. DATE OF DEATH **JUNE 19, 1952**

3. PLACE OF DEATH:
a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
a. STATE **MARYLAND.** b. COUNTY _____

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **WIDOW**

8. DATE OF BIRTH **MAR 13, 1869** 9. AGE (in years last birthday) **83**

10. a. FULL NAME OF HOSPITAL OR INSTITUTION **CHARFORD CONVALESCENT HOME** b. CITY OR TOWN **BALTIMORE** c. LENGTH OF STAY IN BALTIMORE _____ d. STREET ADDRESS (If rural, give location) **840 W 35th ST.**

11. BIRTHPLACE (State or foreign country) **MARYLAND.** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13. FATHER'S NAME **WILLIAM DE HOFF** 14. MOTHER'S MAIDEN NAME **UNKNOWN.**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT **JOHN F. MILLER-840 W 35th ST** ADDRESS _____

18. **422.1** I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **Broncho pneumonia** DUE TO _____

(B) **Cerebral Hemorrhage** DUE TO _____

(C) **Cardio-vascular disease** DUE TO _____

INTERVAL BETWEEN ONSET AND DEATH

24 hrs.

2 mo.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0** 19B. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____ 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **May 15, 1952**, to **June 19, 1952**, that I last saw the deceased alive on **June 19, 1952**, and that death occurred at **1:30 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE **Robert M. Brown** 23B. ADDRESS **846 W 36th ST** 23C. DATE SIGNED **6-19-52**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **June 21/52** 24C. NAME OF CEMETERY OR CREMATORY **Morland Park** 24D. LOCATION (City, town, or county) (State) **Taylor Ave Md.**

DATE RECEIVED BY LOCAL REGISTRAR **June 19, 1952** REGISTRAR'S SIGNATURE **Thurston H. Williams** 25. FUNERAL DIRECTOR **Christian E. Donovan** ADDRESS **3818 Roland Ave**

322
52 5677BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5677
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Rhoda Etchison</i>		2. DATE OF DEATH <i>6/19/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Sinai Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE</i>			
C. Length of stay in Baltimore <i>66</i> Yrs. <i>66</i> Mos. <i>Days</i>		D. STREET ADDRESS (If rural, give location) <i>927 S. Hanover St. 23-01</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>SINGLE</i>	B. DATE OF BIRTH <i>1/12/6/86</i>	9. AGE (in years last birthday) <i>66</i>	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Packer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Md. Busent Co.</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
13. FATHER'S NAME <i>Wesley Etchison (M)</i>		14. MOTHER'S MAIDEN NAME <i>FRANCES HOOD.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT ADDRESS <i>Hospital Record.</i>	
18. <i>420.1</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocardial Infarction</i>		CAUSE OF DEATH (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Coronary Thrombosis</i>		(B) DUE TO <i>Coronary Artery Arteriosclerosis</i>			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>✓</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>6/16</i> , 19 <i>52</i> to <i>6/19</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>6/18</i> , 19 <i>52</i> , and that death occurred at <i>3:20</i> a.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Max J Miller</i>		23B. ADDRESS <i>Sinai Hospital</i>		23C. DATE SIGNED <i>6/19/52</i>	
24A. BURIAL, CREMATION REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>6-21-1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Pine Grove</i>	
24D. LOCATION (City, town, or county) (State) <i>Carroll Co. Md.</i>		24E. NAME OF CEMETERY OR CREMATORY <i>Carroll Co. Md.</i>		24F. LOCATION (City, town, or county) (State) <i>Carroll Co. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 19 1952</i>		REGISTRAR'S SIGNATURE <i>Thurston W. Miller</i>		25. FUNERAL DIRECTOR ADDRESS <i>6 McSwartz Winfield. Md</i>	

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WALLLEY
CORN & FEED
1 BROAD
10000000
10000000

RECEIVED OF THE

WALLLEY

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STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS

CERTIFICATE OF DEATH

IN THE CITY AND COUNTY OF NEW YORK

DECEASED

NAME

AGE

SEX

RACE

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Signature of Physician

Signature of Registrar

Signature of Coroner

Signature of Medical Examiner

Signature of Health Officer

Signature of Mayor

Signature of Governor

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5679**

630
52 5679
BIRTH NO.

ARATA

1. NAME OF DECEASED (Type or Print) MARTIN FRANCIS (FRANK) ARATA			2. DATE OF DEATH June 18, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
5. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
6. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 4203 Wilshire Avenue - 6		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	B. DATE OF BIRTH June 23, 1904		9. AGE (in years last birthday) 47
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10B. KIND OF BUSINESS OR INDUSTRY Eckel's Ice Cream	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Francis Arata			14. MOTHER'S MAIDEN NAME Minnie		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) 		16. SOCIAL SECURITY NO. 	17. INFORMANT ADDRESS Mrs. Katherine Arata, 4203 Willshire		

18. 200.2 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinomatosis, primary origin lymphatic glands		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION ✓		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? 		

22. I hereby certify that I attended the deceased from **May 18, 1952** to **June 18, 1952** that I last saw the deceased alive on **June 18, 1952** and that death occurred at **3:30 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE 12337	23B. ADDRESS 1400 N. Caroline Street -13	23C. DATE SIGNED June 18, 1952
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/21/52	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE RECEIVED BY LOCAL REGISTRAR JUN 19 1952		REGISTRAR'S SIGNATURE William Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Buck, 5305 Harford Road

490 68

MEDICAL CERTIFICATION

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52 5680
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5680

1. NAME OF DECEASED (Type or Print) BUTTA, ELIZABETH M.			2. DATE OF DEATH JUNE 19, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY BALT. CITY.		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2224 Lake Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 8-01		
c. Length of stay in Baltimore LIFE			D. STREET ADDRESS (If rural, give location) 2224 LAKE AVE.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH OCT. 31, 1869	9. AGE (in years last birthday) 82	If Under 1 Year Months: Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT Home		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) BALT. MD.	
13. FATHER'S NAME BUTTA, MATTHEW			14. MOTHER'S MAIDEN NAME ROBB, MARY.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. -		17. INFORMANT ADDRESS METZGER, ELEANOR 2224 LAKE AVE.	

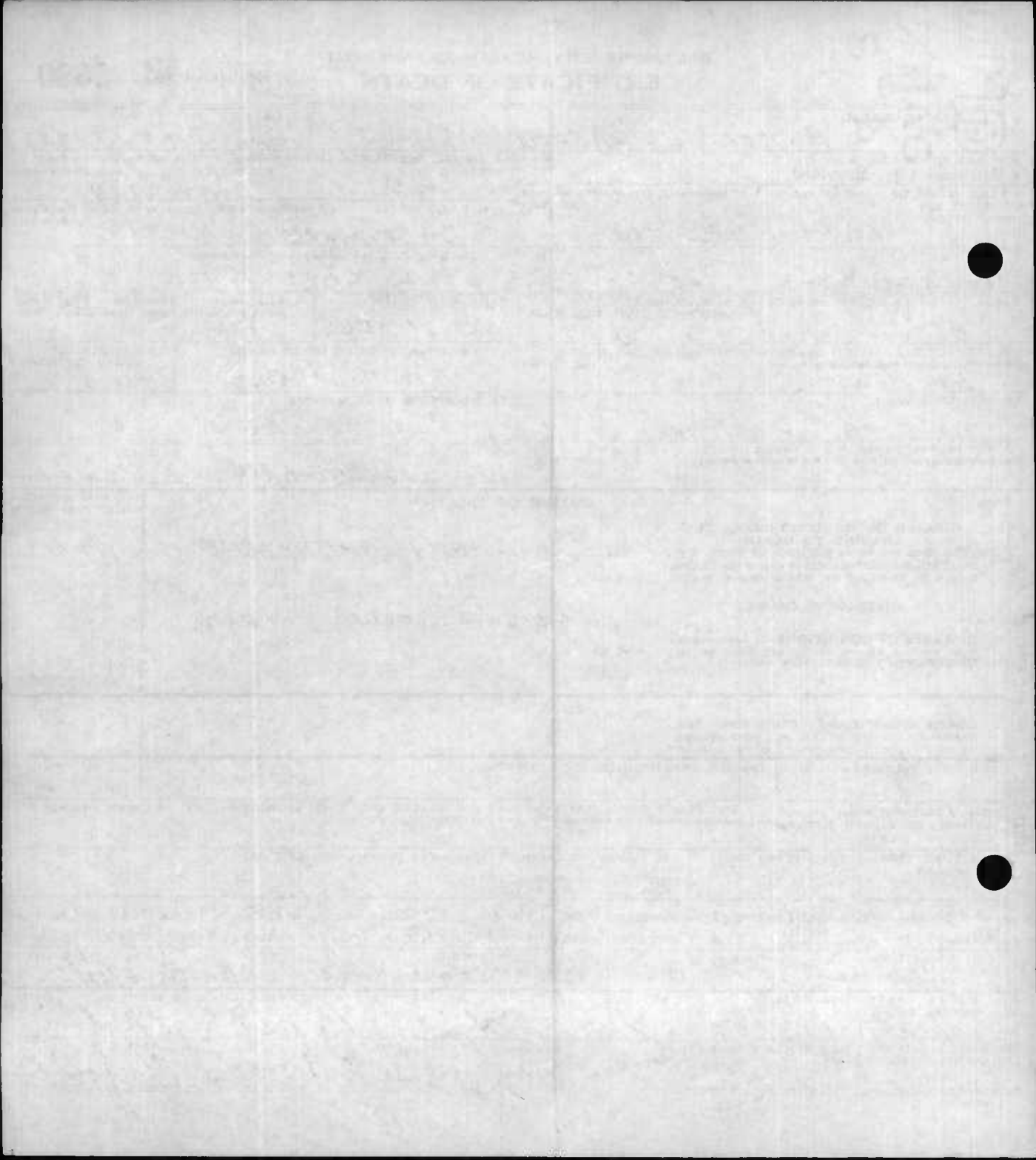
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CORONARY ARTERY DISEASE DUE TO YEARS 9 1/2		CAUSE OF DEATH (A) CORONARY ARTERY DISEASE DUE TO ARTERIOSCLEROSIS, GENERAL. (B) ARTERIOSCLEROSIS, GENERAL. DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **JUNE 19, 1952** to **JUNE 19, 1952** that I last saw the deceased alive on **-**, 1952, and that death occurred at **9:55 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE James A. Roberts		23B. ADDRESS 5800 OAKVIEW AVE. BALT.		23C. DATE SIGNED 6/19/52	
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/21/52		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Bald Md		24D. LOCATION (City, town, or county) (State) Bald Md	
DATE RECEIVED BY LOCAL REGISTRAR JUN 19 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR 7 530 5		ADDRESS Harford Rd	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5681**

BIRTH NO. 400 52 5681		1. NAME OF DECEASED (Type or Print) ARTHUR CAWLEY		2. DATE OF DEATH JUNE 18, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mount Conv. Home 3706 Nortonia Road			C. CITY OR TOWN (If outside corporate limits, write FULLY and give township) Baltimore		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 3133 Chestnut Street		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov. 11-1868	9. AGE (in years last birthday) 83	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Packer		10B. KIND OF BUSINESS OR INDUSTRY Black & Decker		11. BIRTHPLACE (State or foreign country) Illinois	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Bryant Cawley		14. MOTHER'S MAIDEN NAME Sarah ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mr. Harry W. Cawley, 4116 Alemeda Blvd.	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Cardiac Embolism - DUE TO (B) Acute Cardiac Failure - DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 4 Mon. 3 days
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION	

20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from April 8, 1952 to June 18, 1952 that I last saw the deceased alive on 6-18-1952 and that death occurred at 6 P. m. from the causes and on the date stated above.		
23A. SIGNATURE Edward J. Warner	23B. ADDRESS 2604 Garrison Bldg	23C. DATE SIGNED 6-18-52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/22/52	24C. NAME OF CEMETERY OR CREMATORY Secor Cemetery
24D. LOCATION (City, town, or county) (State) Peoria, Illinois		25. FUNERAL DIRECTOR Leopold L. Ruck, 5305 Harford Road.
DATE RECEIVED BY LOCAL REGISTRAR JUN 19 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	

200
5682

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5682
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Mary E. Rusk		6/17/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1308 S. Carey St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 21-00	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1308 S. Carey St.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11/26/1896
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10B. KIND OF BUSINESS OR INDUSTRY Own home	9. AGE (In years last birthday) 55	11. BIRTHPLACE (State or foreign country) Balto. Md.
13. FATHER'S NAME John Griese	12. CITIZEN OF WHAT COUNTRY?	14. MOTHER'S MAIDEN NAME Caroline Hultzman	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.	17. INFORMANT Louis E. Rusk	ADDRESS 1308 S. Carey St.	
18. 491X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Brouch Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 2 days.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertension		11 yr	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 17, 1948, to June 17, 1952, that I last saw the deceased alive on June 17, 1952, and that death occurred at 12:15 m., from the causes and on the date stated above.			
23A. SIGNATURE Harry Gates		23B. ADDRESS 517 Scott St.	
23C. DATE SIGNED June 19/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/20/52	24C. NAME OF CEMETERY OR CREMATORY London Park	24D. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR JUN 19 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Cox, Inc. 1217 St Paul St.	

MEDICAL CERTIFICATION

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of medical examiner		12. Signature of coroner	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery	
16. Signature of hospital		17. Signature of nursing home		18. Signature of hospice	
19. Signature of other institution		20. Signature of other place		21. Signature of other person	
22. Signature of other person		23. Signature of other person		24. Signature of other person	
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52 5683BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5683
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Mr. Ernest Zimmerman		June 18, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN Baltimore		D. STREET ADDRESS (If rural, give location) 3 E. Read St.	
c. Length of stay in Baltimore		Yrs. Mos. Days			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-25-90	9. AGE (In years last birthday) 61	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mass	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Friedrich Zimmerman		14. MOTHER'S MAIDEN NAME Julia Stockfle	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL	
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) Cerebrovascular Accident ANTECEDENT CAUSES (B) Arteriosclerosis DUE TO (C) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 3 days	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-17-1952 to 6-18-1952, that I last saw the deceased alive on 6-18-1952, and that death occurred at 2:15 p.m., from the causes and on the date stated above.					
23A. SIGNATURE P. E. Wells		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 6-18-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE 6/21/52		24C. NAME OF CEMETERY OR CREMATORY Green Mount Crematory	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		24E. NAME OF CEMETERY OR CREMATORY Green Mount Crematory		24F. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR JUN 19 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR J. M. Cook, Inc., 1217 St. Paul St.	

536
52 5684BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5684

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Anderson

2. DATE
OF
DEATH

6-18-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

19 Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

1880

9. AGE (In years
last birthday)

72

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

unknown

10B. KIND OF BUSINESS OR
INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

unknown

16. SOCIAL
SECURITY NO.

—

17. INFORMANT

Patient - Mrs. Clara Jones

ADDRESS

3411 Broadway

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

abdominal

(A) ~~Intestinal~~
DUE TOCarcinomatous / m. s.
probable origin in stomach(B)
DUE TO(C)
DUE TOINTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

none

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., In or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-29, 1952 to 6-18, 1952 that I last saw the
deceased alive on 6-18, 1952, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. B. Reed

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

6-19-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6-21-52

24C. NAME OF CEMETERY OR CREMATORY

Providence

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

F. C. Higginbotham

ADDRESS

Ellicott City

STATE OF NEW YORK
CERTIFICATE OF DEATH

1954

1954

1954

1954

1954

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1954

1954

1954

52 5685

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5685
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BIRDIE FERNHEIMER.

2. DATE
OF DEATH
JUNE 18th-1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4114 KINSWAY

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE 4114 KINSWAY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)
BALTIMORE-MD. 27-34

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

MAY 4th-1881

9. AGE (In years
and birthday)

71

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

RETIRED BUYER

10B. KIND OF BUSINESS OR
INDUSTRY

MILINERY

11. BIRTHPLACE (State or foreign country)

BALTIMORE-MD.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

LOUIS S. FERNHEIMER.

14. MOTHER'S MAIDEN NAME

FANNY HERFORD.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

213-05-4470

17. INFORMANT
ADDRESS
MRS MAX M. KAUFMAN,

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Coronary thrombosis
DUE TO Anterior wall heart disease

Sudden

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertension

24 years

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1952 to June 1952 that I last saw the
deceased alive on June 3, 1952, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

JUNE 20th-1952

CHAR SINAI CEM.

ERDMAN AVE

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

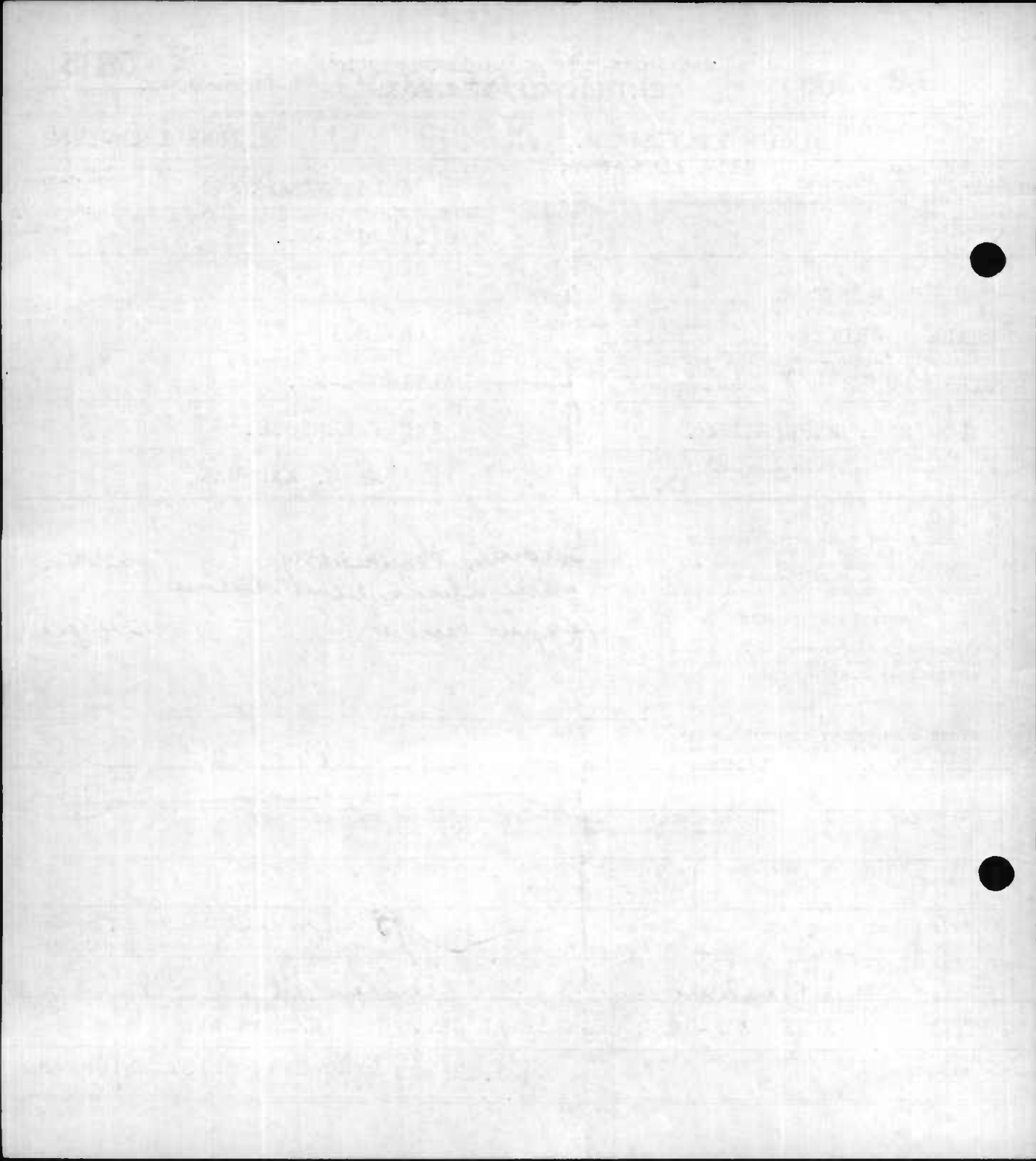
J. AHRENS 2432 REISTERSTOWN RD

JUN 19 1952

VS 150

200 62

MEDICAL CERTIFICATION



320
52 5686

MOATS
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X
52 5686
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Kathleen Moats</i>		2. DATE OF DEATH <i>June 19, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>Worcester</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Fair Play</i>	
c. Length of stay in Baltimore <i>1</i>		D. STREET ADDRESS (If rural, give location) <i>IR 310. 7100</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>4-26-27</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>Off. Sec.</i>	9. AGE (in years last birthday) <i>24</i>
13. FATHER'S NAME <i>Leslie Moats</i>		11. BIRTHPLACE (State or foreign country) <i>md.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Mary Lampert</i>	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	
18. <i>456x</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Disseminated Lupus</i> DUE TO <i>Erythematous</i> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>6 years</i> II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>none</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <i>no accident</i>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from <i>5-30</i> , 19 <i>52</i> to <i>6-19</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>6-19</i> , 19 <i>52</i> , and that death occurred at <i>550 P.</i> from the causes and on the date stated above.			
23A. SIGNATURE <i>Thomas E. Van Meter</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
23C. DATE SIGNED <i>19 June 52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>6-22-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Monon</i>	24D. LOCATION (City, town, or county) (State) <i>Worcester loc. Md</i>
25. FUNERAL DIRECTOR <i>Huntington Williams</i>		ADDRESS <i>2533 E. Lombard St.</i>	

MEDICAL CERTIFICATION

Name of Deceased		Date of Death	
Age		Sex	
Place of Birth		Usual Residence	
Cause of Death		Time of Death	
Signature of Physician		Signature of Registrar	
Signature of Coroner		Signature of Medical Examiner	
Signature of Burial Officer		Signature of Undertaker	
Signature of Minister of Religion		Signature of Cemetery Officer	
Signature of Family		Signature of Friends	
Signature of Witnesses		Signature of Clergy	
Signature of Burial Officer		Signature of Undertaker	
Signature of Minister of Religion		Signature of Cemetery Officer	
Signature of Family		Signature of Friends	
Signature of Witnesses		Signature of Clergy	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bloodsworth, Willie Anna

2. DATE
OF
DEATH

6-19-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Univ. of Md. Hosp.

C. Length of stay in Baltimore

1

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE MARRIED,
WIDOWED DIVORCED (Specify)

WIDOWED

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Sebulum Mitchell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md.

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore (Rural) Essex

D. STREET ADDRESS (If rural, give location)

73 A Fenway North 5354

8. DATE OF BIRTH

- - 1866

9. AGE (In years
last birthday)

86

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Otilia Powell

17. INFORMANT

ADDRESS

73 A Fenway North Essex Md

18.

330X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Sub-arachnoid hemorrhage

3 wks.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertension

(C)

Arterio-sclerosis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-14, 1952 to 6-19, 1952 that I last saw the
deceased alive on 6-19, 1952, and that death occurred at 1:5 A.m., from the causes and on the date stated above.

23A. SIGNATURE

J. Metcalf

M. D.

23B. ADDRESS

2407 Elmer

23C. DATE SIGNED

6-19-52

24A. BURIAL, PREMA-
TION, REMOVAL (Specify)

24B. DATE

6-21-52

24C. NAME OF CEMETERY OR CREMATORY

Lombard

24D. LOCATION (City, town, or county) (State)

Lombard Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. Registrar of Health & Sanitation

25. FUNERAL DIRECTOR

ADDRESS

JUN 20 1952

VS 150

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

NAME OF DECEASED *John J. Smith*
AGE *45* SEX *M*
DATE OF DEATH *Jan 15 1910*
PLACE OF DEATH *Home*
CAUSE OF DEATH *Heart*

DATE OF BIRTH *July 10 1864*
PLACE OF BIRTH *New York*
OCCUPATION *Farmer*
MARRIED *Yes*
SIGNED BY *Dr. J. H. Smith*
LOCAL HEALTH OFFICER

DATE OF INTERVIEW *Jan 16 1910*
INTERVIEWED BY *Dr. J. H. Smith*
LOCAL HEALTH OFFICER
DATE OF DEATH *Jan 15 1910*
PLACE OF DEATH *Home*
CAUSE OF DEATH *Heart*

416

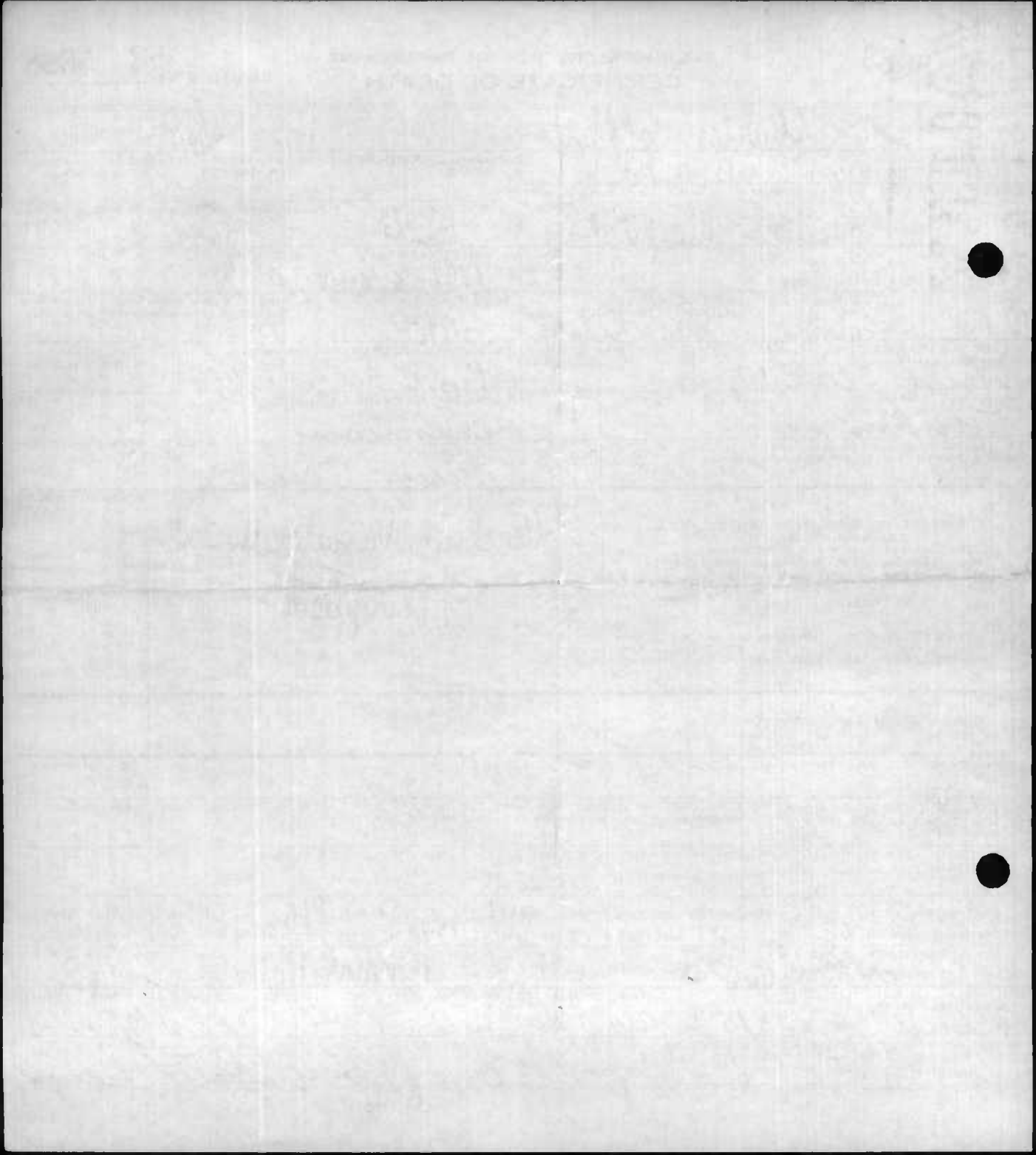
52 5688

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5688

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Charles Colbert</i>		2. DATE OF DEATH <i>6/19/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto. Md.</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Provident Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i> <i>7-04</i>			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>1707 E. Eager St.</i>			
5. SEX <i>M.</i>	6. COLOR OR RACE <i>colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>5/18/75</i>		9. AGE (in years last birthday) <i>77</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Steel Worker</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Prince George Ct. Va.</i>	
13. FATHER'S NAME <i>Unknown</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Pattie Colbert</i>	
18. <i>331X</i>		CAUSE OF DEATH <i>Cerebral Vascular Accident</i> <i>Hemiplegia</i>			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>6/16</i> , 19 <i>52</i> to <i>6/19</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>6/19</i> , 19 <i>52</i> , and that death occurred at <i>240 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Dydoniondekis</i>		23B. ADDRESS <i>Provident Hospital</i>		23C. DATE SIGNED <i>6/19/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>June 23/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary Cem.</i>	
24D. LOCATION (City, town, or county) <i>G. G. County Md</i>		24E. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Mrs. Robt. G. Ellis & Daughters</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 20 1952</i>		ADDRESS			

MEDICAL CERTIFICATION



100

52 5689

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5689

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN O. POPE

2. DATE
OF
DEATH

18 JUNE 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University of Md. Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltu.

9-01

D. STREET ADDRESS (If rural, give location)

952 ARGONNE DRIVE

c. Length of stay in Baltimore

35

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Nov. 19, 1884

9. AGE (In years
last birthday)

67

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

SALESMAN

10B. KIND OF BUSINESS OR
INDUSTRY

R.R. Equipment

11. BIRTHPLACE (State or foreign country)

WELDON, N.C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Benjamin B. Pope

14. MOTHER'S MAIDEN NAME

Anna Futrelle

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. John O. Pope 952 Argonne Drive

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Intracranial Hemorrhage

DUE TO

7-8 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertensive Cardiovascular
Disease

DUE TO

yrs

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Congestive Failure

3 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 6-18, 1952, to 6-18, 1952, that I last saw the
deceased alive on 6-18, 1952, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Robert S. Mason

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

6-18-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

JUNE 20, 1952

Druid Ridge

Pikesville,

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 20 1952

Huntington Williams, M.D.

John D. Mitchell Sons 1900 Entaw Pl.

4903D

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

DATE

TIME

PLACE

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF INTERVIEW

PLACE OF INTERVIEW

NAME OF INTERVIEWER

DATE OF SIGNATURE

PLACE OF SIGNATURE

SIGNATURE

DATE OF ENTRY

PLACE OF ENTRY

NAME OF ENTRY

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF INTERVIEW

PLACE OF INTERVIEW

NAME OF INTERVIEWER

DATE OF SIGNATURE

PLACE OF SIGNATURE

SIGNATURE

DATE OF ENTRY

PLACE OF ENTRY

NAME OF ENTRY

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF INTERVIEW

PLACE OF INTERVIEW

NAME OF INTERVIEWER

DATE OF SIGNATURE

PLACE OF SIGNATURE

SIGNATURE

DATE OF ENTRY

PLACE OF ENTRY

NAME OF ENTRY

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF INTERVIEW

PLACE OF INTERVIEW

NAME OF INTERVIEWER

DATE OF SIGNATURE

PLACE OF SIGNATURE

SIGNATURE

DATE OF ENTRY

PLACE OF ENTRY

NAME OF ENTRY

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF INTERVIEW

PLACE OF INTERVIEW

NAME OF INTERVIEWER

DATE OF SIGNATURE

PLACE OF SIGNATURE

SIGNATURE

DATE OF ENTRY

PLACE OF ENTRY

NAME OF ENTRY

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF INTERVIEW

PLACE OF INTERVIEW

NAME OF INTERVIEWER

DATE OF SIGNATURE

PLACE OF SIGNATURE

SIGNATURE

650
52 5690

52 5690

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edward GRAHN.

2. DATE
OF
DEATH

June 17 52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Mercy Hosp.

C. Length of stay in Baltimore

43

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Mar.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Ind

B. COUNTY

Baltimore

C. CITY OR TOWN

Balto

D. STREET ADDRESS (If rural, give location)

529 S.

43rd St.

8. DATE OF BIRTH

July 19 1887

9. AGE (In years last birthday)

64

10. Under 1 Year

Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired)

SCALEMAN of BETH STEEL CO

10B. KIND OF BUSINESS OR INDUSTRY

BETH STEEL CO

11. BIRTHPLACE (State or foreign country)

Finland

12. CITIZEN OF WHAT COUNTRY?

None

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

NO

16. SOCIAL SECURITY NO.

213-07-5912

17. INFORMANT

OLIVER T. GRAHN 6621 LOCH HILL RD

ADDRESS

18.

154X

CAUSE OF DEATH

Anemia

INTERVAL BETWEEN ONSET AND DEATH

10-14 days

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Carcinomatosis

ANTECEDENT CAUSES

(B)

DUE TO

Ca. Rectum

(C)

2 yrs +

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1950

19B. MAJOR FINDINGS OF OPERATION

Ca Rectum

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/10 1952 to 6/17 1952, that I last saw the deceased alive on 6/17 1952, and that death occurred at 10:00 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Frank G. Kasik, Jr.

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

6/17/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

JUNE 20, 1952

24C. NAME OF CEMETERY OR CREMATORY

OAK LAWN

24D. LOCATION (City, town, or county)

COLGATE MD

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ULURIO FUNERAL HOME

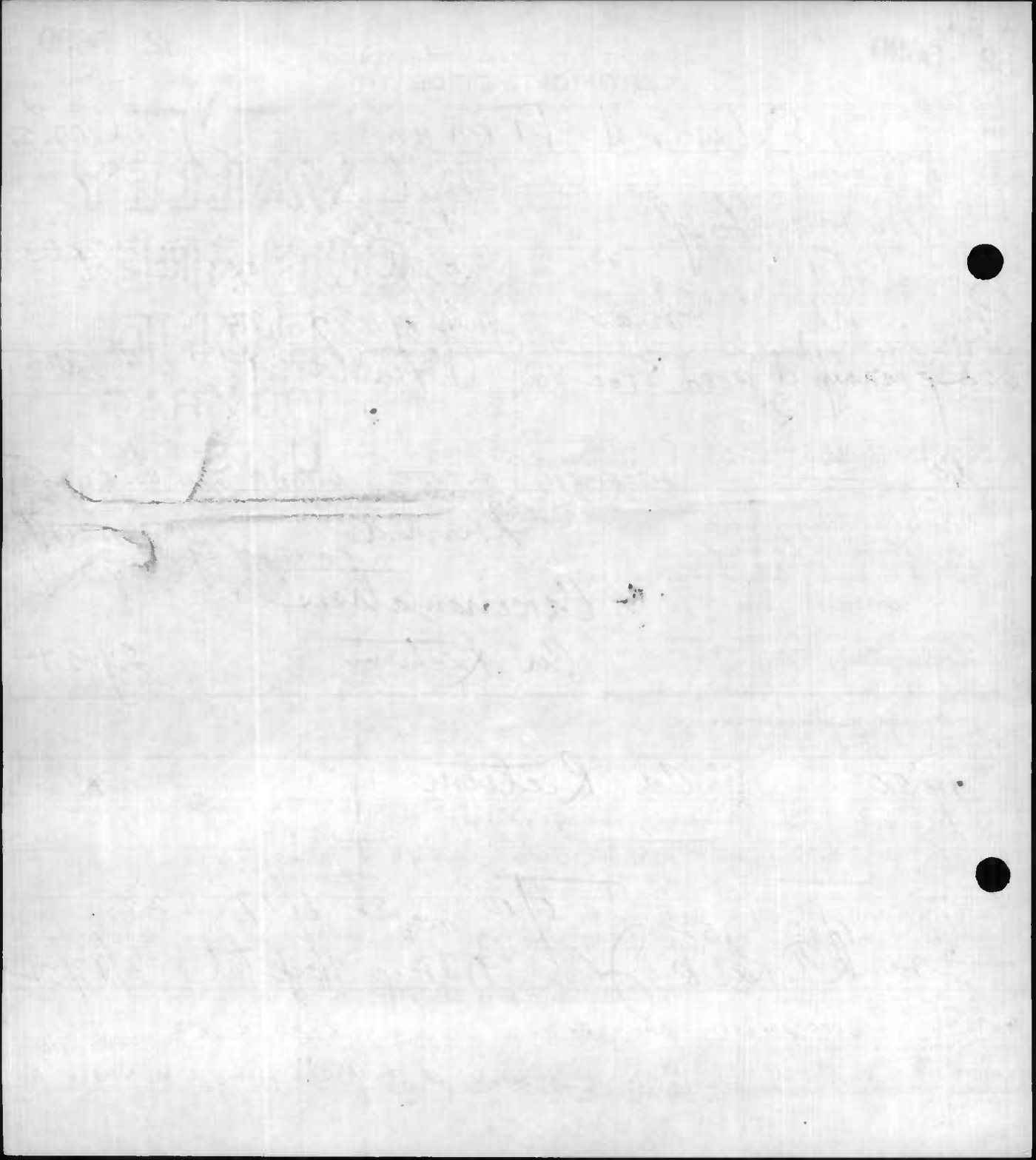
ADDRESS

DUNDACK AV

VS 150

390 3A

MEDICAL CERTIFICATION



620

52 5691

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5691
Registered No. _____

BIRTH NO. _____				1. NAME OF DECEASED (Type or Print) <u>Sr. Mary Denis Norris</u>				2. DATE OF DEATH <u>June 18, 1952</u>							
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Balto.</u>											
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Notre Dame of Maryland</u>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>				<u>27-11</u>							
C. Length of stay in Baltimore <u>52</u> Yrs. <u>5</u> Mos. <u>2</u> Days				D. STREET ADDRESS (If rural, give location) <u>4701 N. Charles</u>											
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>April 2, 1870</u>		9. AGE (in years last birthday) <u>82</u>		10. Under 1 Year Months: Days		11. Under 24 Hours Hours: Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Religious</u>				10B. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <u>Charles Co.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13. FATHER'S NAME <u>John B. Norris</u>				14. MOTHER'S MAIDEN NAME <u>Mary Virginia Farrell</u>											
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. _____				17. INFORMANT <u>L. Marie Lupetua, R.N.</u>				ADDRESS <u>4701 N. Charles</u>			
18. <u>330X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Sub. Arachnoid Hemorrhage</u> <u>Idiopathic Purpura</u> DUE TO _____ <u>Idiopathic Hemorrhagic Purpura</u> DUE TO _____ <u>Cause unknown</u> <u>Arterio sclerosis & secondary aneurysm</u>				CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH <u>about 5 weeks</u>							
19. DATE OF OPERATION <u>0</u>				19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH				21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)							
21D. TIME (Month) (Day) (Year) (Hour) INJURY				21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21F. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from <u>May 14, 1952</u> to <u>June 18, 1952</u> that I last saw the deceased alive on <u>June 18, 1952</u> and that death occurred at <u>6:22 P.M.</u> , from the causes and on the date stated above.															
23A. SIGNATURE <u>Clara J. Smith M.D.</u>				23B. ADDRESS <u>1129 St Paul St</u>				23C. DATE SIGNED <u>6/19/52</u>							
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>				24B. DATE <u>6-21-52</u>				24C. NAME OF CEMETERY OR CREMATORY <u>SISTERS CEM.</u>				24D. LOCATION (City, town, or county) (State) <u>CHARLES ST & HOMELAND AVE</u>			
DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 20 1952</u>				REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>				25. FUNERAL DIRECTOR <u>Th. Charles Seiler</u>				ADDRESS <u>901 S. CONKLING ST.</u>			

CERTIFICATE OF MARRIAGE

and have been by me
declared to be
legally married
in accordance with
the laws of the State of
New York

Witness my hand and seal of office
this 11th day of June 1901

536 FOR APPROVAL 52 5692 52 5692

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) *Dentry, Edward T. Sr.*

2. DATE OF DEATH *6/18/52*

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE *MD.* B. COUNTY *Baltimore*

5. FULL NAME OF HOSPITAL OR INSTITUTION *Church Home & Hospital*

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Riderwood*

7. D. STREET ADDRESS (If rural, give location) *5300*

8. Length of stay in Baltimore *Life*

9. SEX *M*

10. COLOR OR RACE *W*

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *Married*

12. DATE OF BIRTH *12/6/79*

13. AGE (In years last birthday) *72*

14. Under 1 Year Months: Days

15. Under 24 Hours Hours: Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) *metal worker*

17. KIND OF BUSINESS OR INDUSTRY *Metal*

18. BIRTHPLACE (State or foreign country) *Baltimore Md.*

19. CITIZEN OF WHAT COUNTRY? *U.S.*

20. FATHER'S NAME *Charles Dentry*

21. MOTHER'S MAIDEN NAME *Elizabeth Ann Stewart*

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) *No*

23. SOCIAL SECURITY NO. *905 Pital 9030*

24. INFORMANT ADDRESS *905 Pital 9030*

25. CAUSE OF DEATH

26. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) *Acute Myocardial Ischemia*

27. ANTECEDENT CAUSES *Arterio-Sclerotic Heart Disease*

28. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. *Death about 12 hrs. after onset, spinal anesthesia carcinoma of colon sigmoid*

29. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

30. DATE OF OPERATION *6/16/52*

31. MAJOR FINDINGS OF OPERATION *Advanced Carcinoma of Sigmoid*

32. AUTOPSY? YES ☒ NO ☐

33. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

34. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

35. WHERE DID INJURY OCCUR?

36. TIME (Month) (Day) (Year) (Hour) INJURY

37. INJURY OCCURRED

38. HOW DID INJURY OCCUR?

39. I hereby certify that I attended the deceased from *6/16/52*, 19*52*, to *6/18/52*, 19*52*, that I last saw the deceased alive on *6/16/52*, 19*52*, and that death occurred at *1200 A.M.*, from the causes and on the date stated above.

40. SIGNATURE *W. D. Mitchell*

41. ADDRESS *Church Home*

42. DATE SIGNED *6/18/52*

43. BURIAL, CREMATION, REMOVAL (Specify) *Burial*

44. DATE *6-21-1952*

45. NAME OF CEMETERY OR CREMATORY *Corpus Presbyterion*

46. LOCATION (City, town, or county) (State) *Baltimore Md*

47. DATE RECEIVED BY LOCAL REGISTRAR

48. REGISTRAR'S SIGNATURE *Huntington Williams, Jr.*

49. FUNERAL DIRECTOR *Wm. F. Leif*

50. ADDRESS *509 York Rd.*

VS 150 N999.2 6903F6 09

SCM 82

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620
52 5693BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5693
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Burroughs

2. DATE
OF
DEATH

June 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2204 Mace St

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE Md.

F. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 12-07

D. STREET ADDRESS (If rural, give location)

2204 Mace St.

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

July 2, 1871

9. AGE (In years last birthday)

80

H Under 1 Year

Months: Days

H Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Laborer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Caroline Co. Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Phillip Burroughs

14. MOTHER'S MAIDEN NAME

Julia Lurmer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Edward Burroughs

18. 431X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Acute Myocarditis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

1 yr.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1951, to June 17, 1951, that I last saw the deceased alive on June 17, 1951, and that death occurred at 5:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

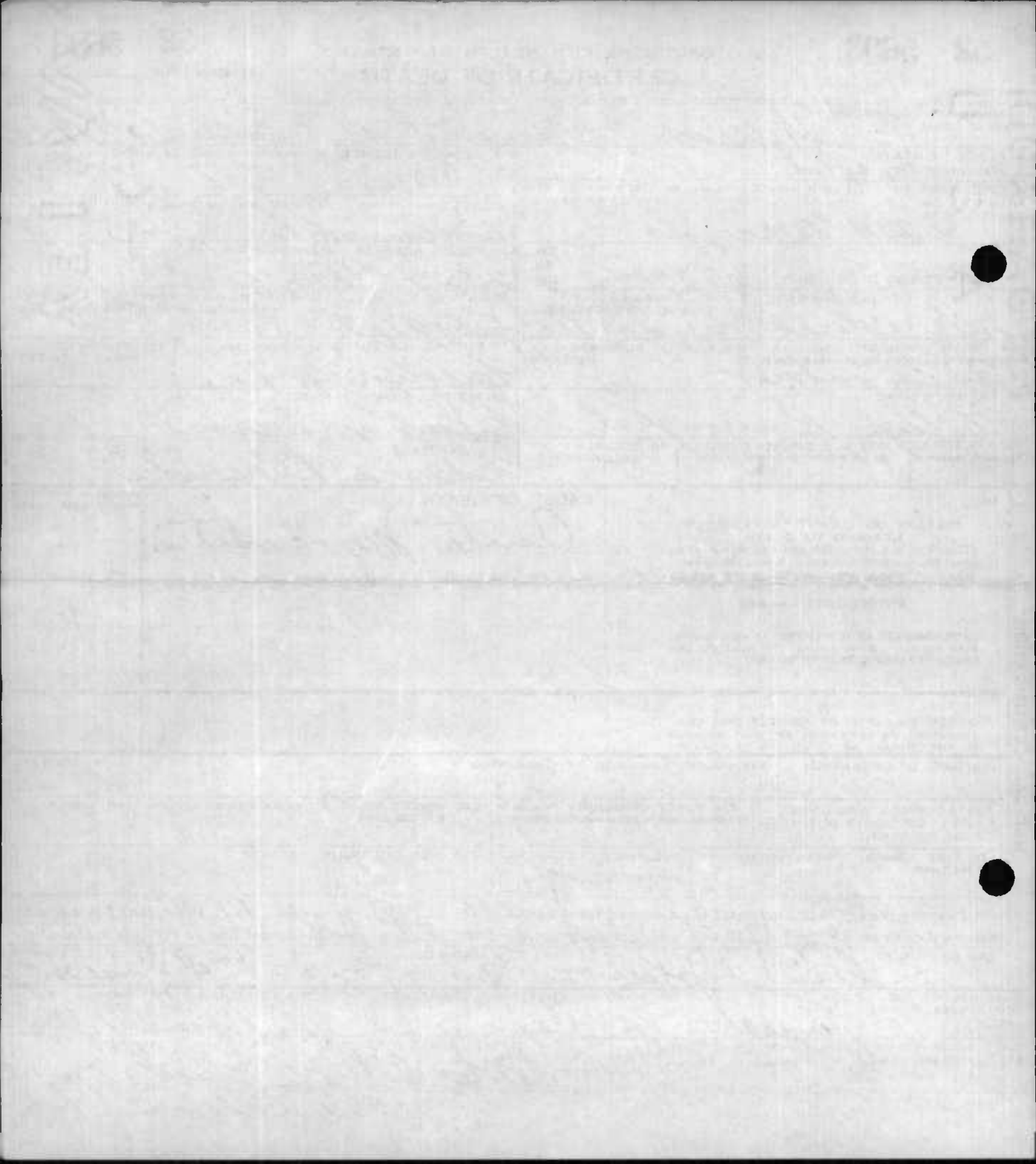
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

11297. Caroline St.



610

52 5694

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5694

BIRTH NO. 52-13013

1. NAME OF DECEASED
(Type or Print)

CONNIE RAY KIRBY

2. DATE
OF
DEATH

JUNE 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

MERCY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE B. COUNTY

MD.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

120 W. MOSHER ST.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Infant

Yrs.
Mos.
Days

8. DATE OF BIRTH

JUNE 10, 1952

9. AGE (in years last birthday)

H Under 1 Year
Months: Days

0 9

H Under 24 Hours
Hours: Min.

9

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR INDUSTRY

Infant

13. FATHER'S NAME

JOHN R. KIRBY

11. BIRTHPLACE (State or foreign country)

Balt. MD

12. CITIZEN OF WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Morrie Augusta Horner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Infant

16. SOCIAL SECURITY NO.

17. INFORMANT

FATHER (John R. Kirby)

ADDRESS

SAME

18.

766.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

POSS. ADRENAL INSUFF.

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

4 HRS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

POSS. PNEUMONIGUS

DUE TO

4 HRS

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from JUNE 16, 1952, to JUNE 19, 1952, that I last saw the deceased alive on JUNE 19, 1952, and that death occurred at 11:24 a. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1400 S. Charles St - Balt 30, Md

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620
52 5695BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5695

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES HARRIS

2. DATE
OF
DEATH

June 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1747 Darley Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days5. SEX
M6. COLOR OR RACE
W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Feb 9, 1911

9. AGE (In years
last birthday)

41

10. Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
STATIONARY ENGINEER10B. KIND OF BUSINESS OR
INDUSTRY
DAIRY

11. BIRTHPLACE (State or foreign country)

Atlanta, Ga.

12. CITIZEN OF
UNITED STATES? USA

13. FATHER'S NAME

Charles Harris

14. MOTHER'S MAIDEN NAME

Katherine Hill

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
no16. SOCIAL
SECURITY NO.
216-09-405917. INFORMANT 1747 Darley Avenue
Mrs. Beatrice M. Harris

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1952, to June 17, 1952, that I last saw the
deceased alive on June 17, 1952, and that death occurred at 11 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

burial

6/20/52

Baltimore Cemetery

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 20 1952

HENRY SANDER & SONS, INC.
BALTO., 13, MD

VS 150

Huntington Williams, Md. 58341

1122

RECEIVED

1122

626
52 5696BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5696
Registered No.

BIRTH NO.

I. NAME OF DECEASED
(Type or Print)

MAMIE D. BURKHARD

2. DATE
OF
DEATH June 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3306 Richmond Avenue

c. Length of stay in Baltimore Life
Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits write RURAL and give township)
Baltimore 8-01

D. STREET ADDRESS (If rural, give location)

3306 Richmond Avenue

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Aug. 6, 1869

9. AGE (In years
last birthday)

82

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Jesse Bentz

14. MOTHER'S MAIDEN NAME

Katherine Hahn

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.
none17. INFORMANT 3306 Richmond Avenue 13
Mrs. A.H. Sliwa

18. 421.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, assthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(A)

DUE TO

(B)

DUE TO

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/2, 1952 to 6/18, 1952, that I last saw the
deceased alive on 6/18, 1952 and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

burial

6/21/52

Loudon Park Cemetery

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

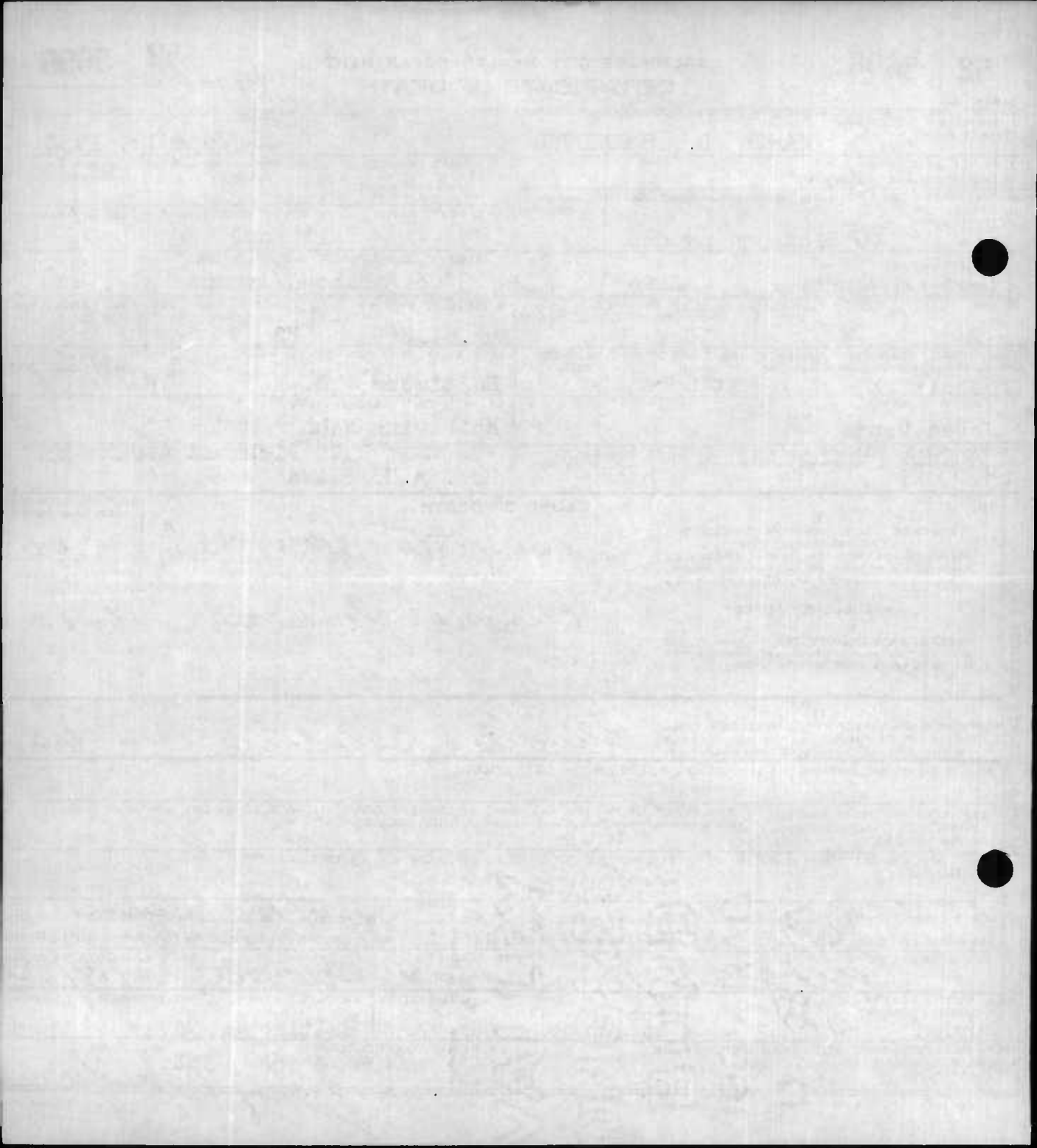
JUN 20 1952

Huntington Williams, Jr.

HENRY SANDER & SONS, INC.
BALTO., 13, MD

Sander

VS 150



52 5697

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5697
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SADIE

BROWN

2. DATE
OF
DEATH

June 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

c. Length of stay in Baltimore

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, give R. I. and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

742 W. Lexington Street

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

domestic

11. BIRTHPLACE (State or foreign country)

Baltimore, Co. Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

John Brown

14. MOTHER'S MAIDEN NAME

Mary Hickins

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

Myrtle Smith 709 E. 21st St

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Stanley H. Burchard M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☒
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

June 17, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

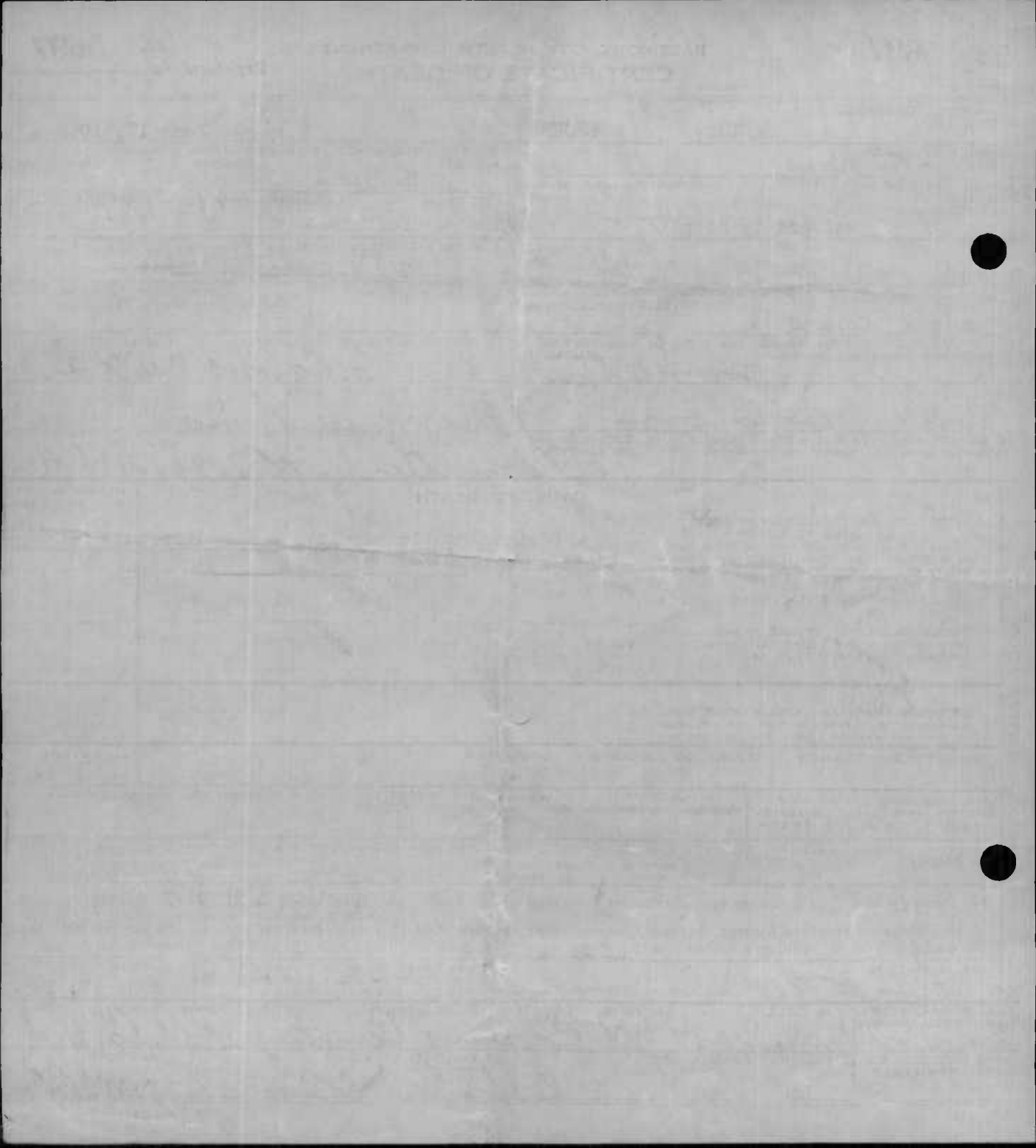
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burial June 20 1952 Mt Calvary Cemetery A. A. Co. Md
Huntington W. H. Williams 1515 McEldry



500

52 5698

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5698

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

VIRGINIA DUNWAY

2. DATE
OF
DEATH

6-17-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. Length of stay in Baltimore

30+

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Sep.

8. DATE OF BIRTH

Nov. 27, 1889

9. AGE (In years
last birthday)

62

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Tennessee

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Samuel Wise

14. MOTHER'S MAIDEN NAME

Adelia Walker

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Congestive Heart Failure

ANTECEDENT CAUSES

(B)

DUE TO

A. S. C. V. D.

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

?

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased alive on _____, 19____, and that death occurred at 11:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Wm. H. H. Shea M. D.

23B. ADDRESS

Merry

23C. DATE SIGNED

6-17-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 20 1952

Huntington Williams, M. D.

Chas. Wilson 1000 Buntley ave

L20

52 5699

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5699

Registered No.

1. NAME OF DECEASED (Type or Print) Annie Pierce		2. DATE OF DEATH June-17-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1213 North Eden Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 10-01	
C. Length of stay in Baltimore 10 Yrs. Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1213 North Eden Street	
5. SEX Female	6. COLOR OR RACE Col	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Dec-25-1880
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY At Home	9. AGE (In years last birthday) 71 If Under 1 Year Months: Days Hours: Min.
13. FATHER'S NAME John Johnson		11. BIRTHPLACE (State or foreign country) Cambridge Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Marye Johnson	
17. INFORMANT Marie Jenkins		ADDRESS 1213 N. Eden St	

18. 491X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) BRONCHIO PNEUMONIA DUE TO (B) Candida F. Bronchitis DUE TO (C) 40 days	CAUSE OF DEATH BRONCHIO PNEUMONIA 24 days	INTERVAL BETWEEN ONSET AND DEATH 24 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 6/17/52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/25/52 to 6/17/52 , that I last saw the deceased alive on 5-17-52 , and that death occurred at 11:30 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE Jas. R. Blake		23B. ADDRESS 1603-N. Caroline		23C. DATE SIGNED 5/19/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/21/1952		24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem.	
24D. LOCATION (City, town, or county) (State) Brooklyn Md.		24E. FUNERAL DIRECTOR Chas. O. Wilson 1000 Bunting Ave			
DATE RECEIVED BY LOCAL REGISTRAR JUN 20 1952		REGISTRAR'S SIGNATURE Thurston Williams, M.D.			

240
52 5700

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5700
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Henry Kegel		2. DATE OF DEATH June 19, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 923 S. Decker Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 923 S. Decker Avenue	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Jan. 1880
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Rigger		10B. KIND OF BUSINESS OR INDUSTRY Spedden Ship Yard	9. AGE (In years last birthday) 72
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME ---		14. MOTHER'S MAIDEN NAME ---	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 214-01-1717	
17. INFORMANT Raymond Brown, 923 S. Decker Avenue		ADDRESS	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Terminial pneumonia DUE TO degenerative cardiovascular disease ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Generalized arteriosclerosis OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH 2 days
--	--	---

19A. DATE OF OPERATION 6/16/52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 6/16/52 , 19 52 , to 6/19/52 , 19 52 , that I last saw the deceased alive on 6/18/52 , and that death occurred at 5:30 m., from the causes and on the date stated above.				
23A. SIGNATURE Dr. Arthur F. Henderson		23B. ADDRESS 1076 S. East		23C. DATE SIGNED 6/19/52
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 6/21/52	24C. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE RECEIVED BY LOCAL REGISTRAR JUN 20 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Wm. B. B. Co., 1217 St. Paul Street

MEDICAL CERTIFICATION

5943U

35 52 5702 <i>Baltimore</i>		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		52 5702 Registered No. _____	
BIRTH NO. _____					
1. NAME OF DECEASED (Type or Print) CHARLES E. BRITTINGHAM			2. DATE OF DEATH June 19, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hosp.			C. CITY OR TOWN (If outside corporate limits, write FULL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 1832 W. North Ave.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 21, 1898		9. AGE (In years last birthday) 53
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrical Contractor		10B. KIND OF BUSINESS OR INDUSTRY Own business	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME Charles E. Brittingham			14. MOTHER'S MAIDEN NAME Daisy Sturgess		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. _____	17. INFORMANT ADDRESS Mrs. LaVerne Dillon - Baldwin, Md.		
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.) Coronary occlusion & infarction DUE TO _____			INTERVAL BETWEEN ONSET AND DEATH _____		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary thrombosis DUE TO _____ Hypertensive CV disease DUE TO _____			_____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____					
19A. DATE OF OPERATION 6/19/52		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from 6/18, 1952 , to 6/19, 1952 , that I last saw the deceased alive on 6/17, 1952 , and that death occurred at 3 P. M. , from the causes and on the date stated above.					
23A. SIGNATURE <i>H. Langenfelder</i>		23B. ADDRESS University Hosp		23C. DATE SIGNED 6/19/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/23/52		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
				24D. LOCATION (City, town, or county) (State) Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 25 1952		REGISTRAR'S SIGNATURE <i>Huntington, Williams</i>		25. FUNERAL DIRECTOR <i>Wm. J. Pickner & Sons</i>	
VS 150 29024 Balto 17, Md.					

MEDICAL CERTIFICATION

366
52 5703

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5703
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		EMMA BUDERER		June 18, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or location)				A. STATE	
HOSPITAL OR INSTITUTION				Md.	
St. Paul Convalescent Home				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
2305 St. Paul St.				Baltimore	
c. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location)	
				5600 Narcissus Ave.	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		9. AGE (In years last birthday)
female	white	single	Sept. 23, 1863		88
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
retired Seamstress		Own dressmaking business		Maryland	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
John George Buderer			Elizabeth Kiefer		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT	
no		none		Mrs. Elizabeth Buderer - 5600 Narcissus	
18. 450.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				CAUSE OF DEATH	
				cardiac decompensation	
DUE TO				2 weeks	
ANTECEDENT CAUSES				generalized arteriosclerosis	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
INJURY		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from Jan 1951, 19 51, to June 18, 19 52, that I last saw the deceased alive on June 17, 19 52, and that death occurred at 1:00 A.M., from the causes and on the date stated above.					
23A. SIGNATURE		M. D.		23B. ADDRESS	
E. E. Swartz				2431 Maryland Ave.	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Cremation		6/20/52		Loudon Park Crematory	
				Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
JUN 20 1952		Huntington Williams, M.D.		J. J. Tischer & Sons	
				Balto 17, Md.	

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH, MASSACHUSETTS

MASSACHUSETTS

1958

DATE OF DEATH

PLACE OF DEATH

AGE AT DEATH

CAUSE OF DEATH

DATE OF BIRTH

SEX

EDUCATION

RELIGION

DATE OF MARRIAGE

NAME

DATE OF DEATH

DATE OF BIRTH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

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DATE OF DEATH

DATE OF DEATH

362

52 5704

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5704

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Katarzyna Strzelecki

2. DATE
OF
DEATH

June 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore city

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

2224 Eastern Ave

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2224 Eastern Ave.

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Agnes Jarczyński 2224 Eastern Ave

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(A)

DUE TO

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1951, to June 19, 1952, that I last saw the
deceased alive on June 19, 1952, and that death occurred at 5:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 20 1952

Huntington Williams, Jr.

Wm. S. Fialkowski

2007 Eastern Ave

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DATE
TIME

1. Name of deceased (Print or type full name)
2. Sex (M or F)
3. Race (Print or type)
4. Date of birth (Month, day, year)
5. Place of birth (City, State, and Country)
6. Usual residence (City, State, and Country)
7. Date and place of death (City, State, and Country)
8. Cause of death (Print or type)
9. Manner of death (Print or type)
10. Signature of attending physician (Print or type name)
11. Signature of medical examiner (Print or type name)
12. Signature of coroner (Print or type name)
13. Signature of registrar (Print or type name)
14. Signature of informant (Print or type name)
15. Signature of funeral director (Print or type name)



460

52 5705

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5705

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JENNIE FLORENCE WELER

2. DATE
OF
DEATH

June 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MD.

B. COUNTY

BALTO.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

ASHBURNTON NURSING HOME

C. CITY OR TOWN

BALTO. MD

(If outside corporate limits, write RURAL and give township)

19-04

D. STREET ADDRESS (If rural, give location)

106 S. MOUNT ST.

C. Length of stay in Baltimore

35 Years

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

MAY 22, 1892

9. AGE (in years
last birthday)

80

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

McGAHEYSVILLE VA.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

UNKNOWN

14. MOTHER'S MAIDEN NAME

MARY WILLIAMS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS 2239

MRS. GENE MILLETT, ANNAPOLIS RD.

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Ac. Coronary thrombosis

DUE TO

ANTECEDENT CAUSES

(B)

Generalized arteriosclerosis

DUE TO

Cerebral arteriosclerosis

(C)

Senility

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1/50, 19, to 6/19/52, 19, that I last saw the
deceased alive on 6/19/52, 19, and that death occurred at 12:50 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS 3109

JUN 20 1952

Huntington Williams, Jr.

2509 E. 8th St. Fredk, Ark.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF ENTRY INTO CITY

DATE OF ENTRY INTO COUNTRY

DATE OF ENTRY INTO STATE

DATE OF ENTRY INTO COUNTY

DATE OF ENTRY INTO CITY

DATE OF ENTRY INTO COUNTRY

DATE OF ENTRY INTO STATE

DATE OF ENTRY INTO COUNTY

520

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5706
Registered No.

BIRTH NO. 5706

1. NAME OF DECEASED (Type or Print) HARVEY KNOX			2. DATE OF DEATH June 17, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 22-01		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 309 S. Sharp Street		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) 45	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Sen	11. BIRTHPLACE (State or foreign country) S.C.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME George Knox			14. MOTHER'S MAIDEN NAME Mary Flemmings		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Julia Knox. 1205 Wood St. PHILA. PA		

18. 023X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Syphilitic cardiovascular disease**~~XXXXX~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Cardiac insufficiency**

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☒ M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

June 17, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MEDICAL CERTIFICATION

8073 54

CERTIFICATE OF DEATH

NAME



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

52 5707

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Anna Bajkowski			2. DATE OF DEATH 19 June 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 11 So. Potomac St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 11 So. Potomac St.			E. LENGTH OF STAY IN BALTIMORE 42 Years		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 26 1895		9. AGE (In years last birthday) 57
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Poland
12. CITIZEN OF WHAT COUNTRY? Poland			13. FATHER'S NAME George Merski		
14. MOTHER'S MAIDEN NAME Unknown			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Peter Bajkowski 11 S. Potomac Street		

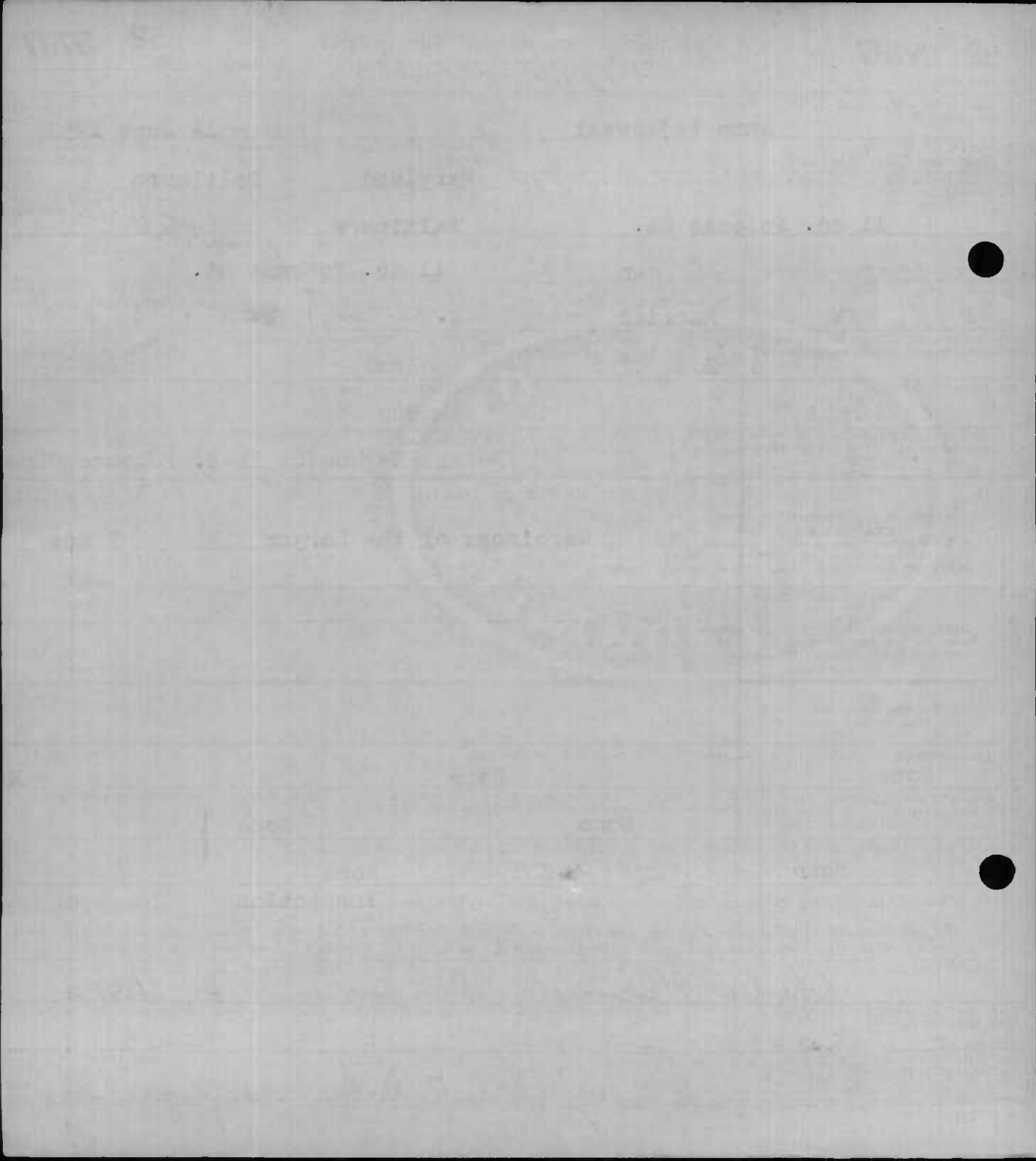
18. 161X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of the Larynx		INTERVAL BETWEEN ONSET AND DEATH 7 Mos
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

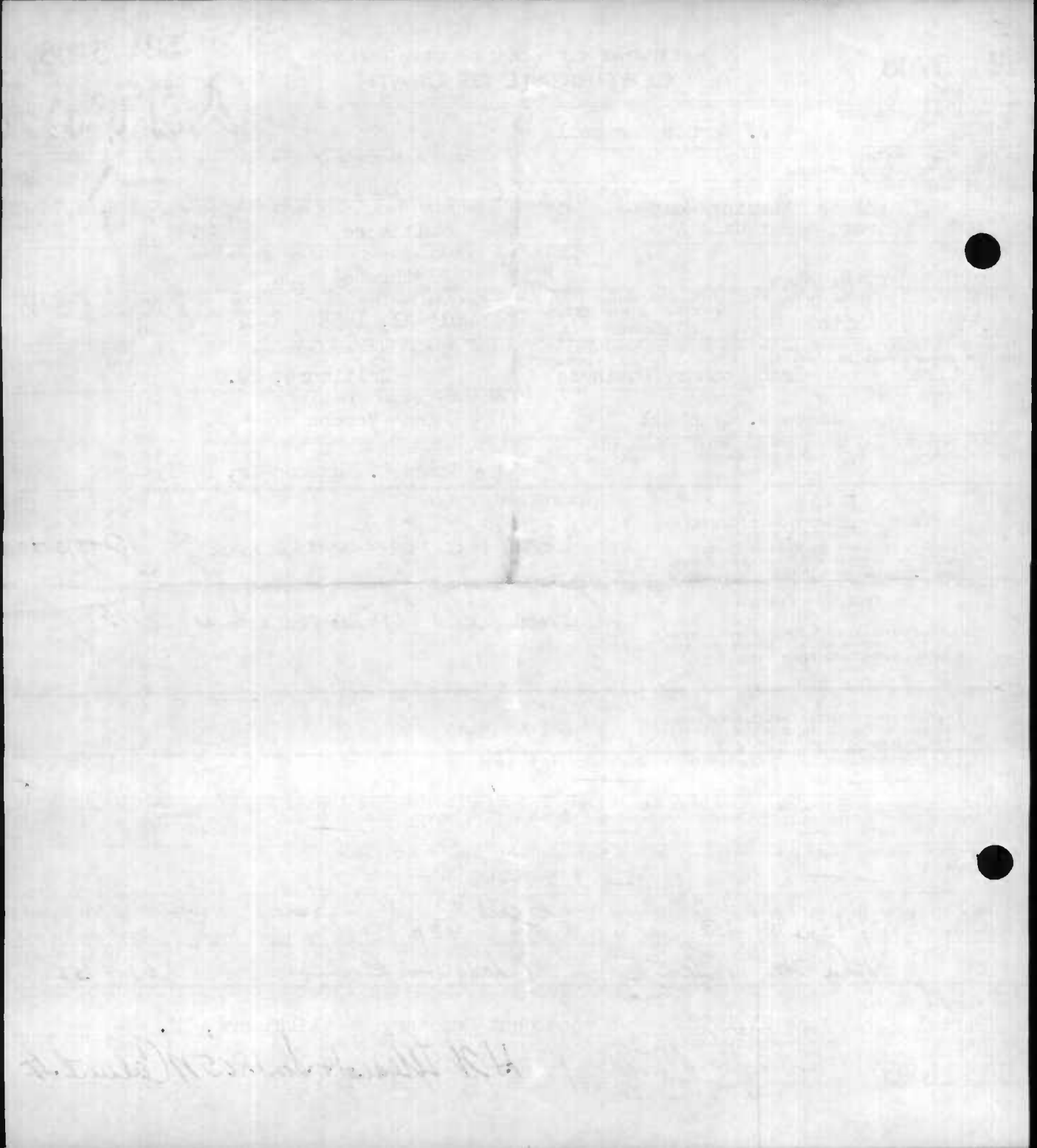
19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) None		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) None	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY None		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR? None	

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Charles P. Gurney M.D.		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input checked="" type="checkbox"/>		23C. DATE SIGNED 6/19/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 23 1952		24C. NAME OF CEMETERY OR CREMATORY Holy Rosary Cem	
24D. LOCATION (City, town, or county) (State) Balt. County		25. FUNERAL DIRECTOR ADDRESS Huntington Williams & Sons 4011 - Chester Street			

MEDICAL CERTIFICATION





CERTIFICATE CORRECTED 6-23-52

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5709

1. NAME OF DECEASED (Type or Print) KATHARINE HORAK - HALEK		2. DATE OF DEATH June 18, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Har		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Harford Conv. Home 4700 Harford Road		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-01	
c. Length of stay in Baltimore life		D. STREET ADDRESS (If rural, give location) 4218 E. Hamilton Ave.	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 1875 Aug. 20, (1874)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (in years last birthday) (77) 76
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Frank Svec		14. MOTHER'S MAIDEN NAME unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. no	
17. INFORMANT Frank J. Halek, son, 403 N. Curley St.		ADDRESS	

18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) A. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. B. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH A. S. H. D. Coronary Thrombosis	INTERVAL BETWEEN ONSET AND DEATH 2 days
--	--	--	--

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 1, 1952 to June 18, 1952 and that I last saw the deceased alive on June 18, 1952 and that death occurred at 8 p. m., from the causes and on the date stated above.					
23A. SIGNATURE Red. Puzila		23B. ADDRESS 800 Madison St.		23C. DATE SIGNED 6-20-52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE June 21, 1952	24C. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24D. LOCATION (City, town, or county) (State) Horner's Lane, Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR JUN 20 1952		REGISTRAR'S SIGNATURE Hurlington Williams, M.D.	
		25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.	

MEDICAL CERTIFICATION

CERTIFICATE CORRECTED

3-24-53

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

52

5710

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HORACE JAMES ALLEN

2. DATE
OF
DEATH

June 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR US Public Health Service
INSTITUTION Hospital

Wyona Pk. Drive & 31st Street

Yrs.
Mos.
Days

C. Length of stay in Baltimore

?

5. SEX

M

6. COLOR OR RACE

col

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single Married

8. DATE OF BIRTH

11/6/91

9. AGE (In years,
last birthday)

60

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Robert Allen

14. MOTHER'S MAIDEN NAME

Mayrio Kiccih

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

WWI - USA

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

Records- US PHS Hospital, Balto, Md.

ADDRESS

18. 019.2

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Disseminated tuberculosis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

4/23/52

19B. MAJOR FINDINGS OF OPERATION

Tuberculous peritonitis

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 21, 1952 to June 16, 1952 that I last saw the deceased alive on June 16, 1952 and that death occurred at 4:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE, J.A. Hunter, Clinical Director

M. D.

23B. ADDRESS
US PHS Hospital, Balto, Md.

23C. DATE SIGNED

6/17/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Do Burial

24B. DATE

6-20-52

24C. NAME OF CEMETERY OR CREMATORY

U.S. Balto National Cem

24D. LOCATION (City, town, or county)

Balto-Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Chas. E. Sanders

ADDRESS

217 E. Preston St

THE UNITED STATES OF AMERICA
DEPARTMENT OF COMMERCE
BUREAU OF STATISTICS

DISC B2

SEC. 1006

ART. 1007

ART. 1008

ART. 1009

ART. 1010

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ART. 1056

ART. 1057

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5711**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JAMES E. MINOR			2. DATE OF DEATH June 19, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Balto.		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore LIFE			D. STREET ADDRESS (If rural, give location) 534 N Gilmore Street		
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 1927 FEB. 21		9. AGE (In years last birthday) 25
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) grinder			10B. KIND OF BUSINESS OR INDUSTRY Koppers Co.		11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME JAMES E. MINOR			12. CITIZEN OF WHAT COUNTRY? USA		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES W.W.#11			16. SOCIAL SECURITY NO. 920-14-8683		
17. INFORMANT BEATRICE M. WILLIAMS-534 GILMORE ST			ADDRESS BEATRICE LOUISE BOLACK		

18. E912.3 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Craniocerebral injury		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
(B) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

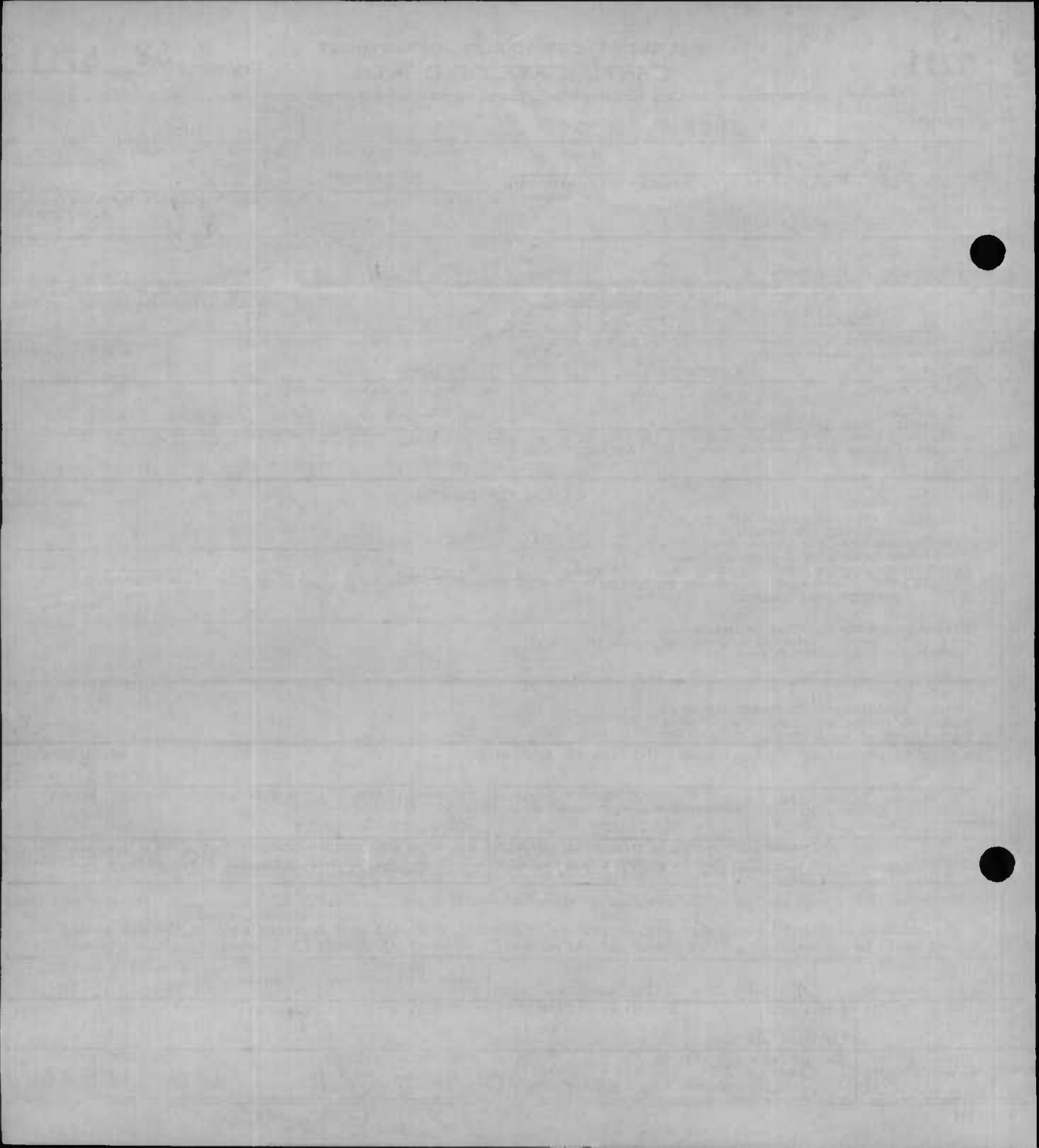
19A. DATE OF OPERATION 6-18-52		19B. MAJOR FINDINGS OF OPERATION factory		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. <input checked="" type="checkbox"/> UNDERLYING <input type="checkbox"/> CONTRIBUTING		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) factory		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Koppers Company	
21D. TIME (Month) (Day) (Year) (Hour) 6-18-52 8:00 P. m.		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? Grinding stone broke up & a fragment hit him in the head	

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Stanley K. Duncanson M.D.		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input checked="" type="checkbox"/>		23C. DATE SIGNED June 19, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 6/23/52		24C. NAME OF CEMETERY OR CREMATORY BALTO. NAT'L. CEM.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 20 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR CHAS. G. COOPER-512 CARROLLTON av.	

V S 151 **N 803.2 635 3L Chas G. Cooper**

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 5712

BIRTH NO. 436 5712

1. NAME OF DECEASED

(Type or Print)

CHARLES R. WALTERS

2. DATE

OF

DEATH

6-19-52 Fri.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Univ. Hosp. Balto. Md. 35 Yrs. Mem. D.D.

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIAGE STATUS

WIDOWED (Specify) widower

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md.

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore (1) 22-01

D. STREET ADDRESS (If rural, give location)

522 Hanover St.

8. DATE OF BIRTH

Oct. 7, 1880

9. AGE (In years

last birthday) 71

10. Under 1 Year

Months: Days: - -

11. Under 24 Hours

Hours: Min. - -

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Baker -

10B. KIND OF BUSINESS OR INDUSTRY

Bakery

11. BIRTHPLACE (State or foreign country)

Bats Co., N.C.

12. CITIZEN OF

WHAT COUNTRY? U.S.A.

13. FATHER'S NAME

?

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED

(Yes, no or unknown)

No -

EVER IN U. S. ARMED FORCES?

(If yes, give war or dates of service)

-

16. SOCIAL

SECURITY NO.

17. INFORMANT

Mrs. Retha E. Cameron (Paughter) (Same)

18. 420.0 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN

ONSET AND DEATH

7 days?

?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Uremia

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-18-1952 to 6-19-1952, that I last saw the deceased alive on 6-19-1952, and that death occurred at 10:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

John W. Boardman, M.D.

23B. ADDRESS

Univ. Hosp. Balto. Md.

23C. DATE SIGNED

6-19-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Mon. June 23, 1952

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven Cem.

24D. LOCATION (City, town, or county)

Q-Q. Co., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

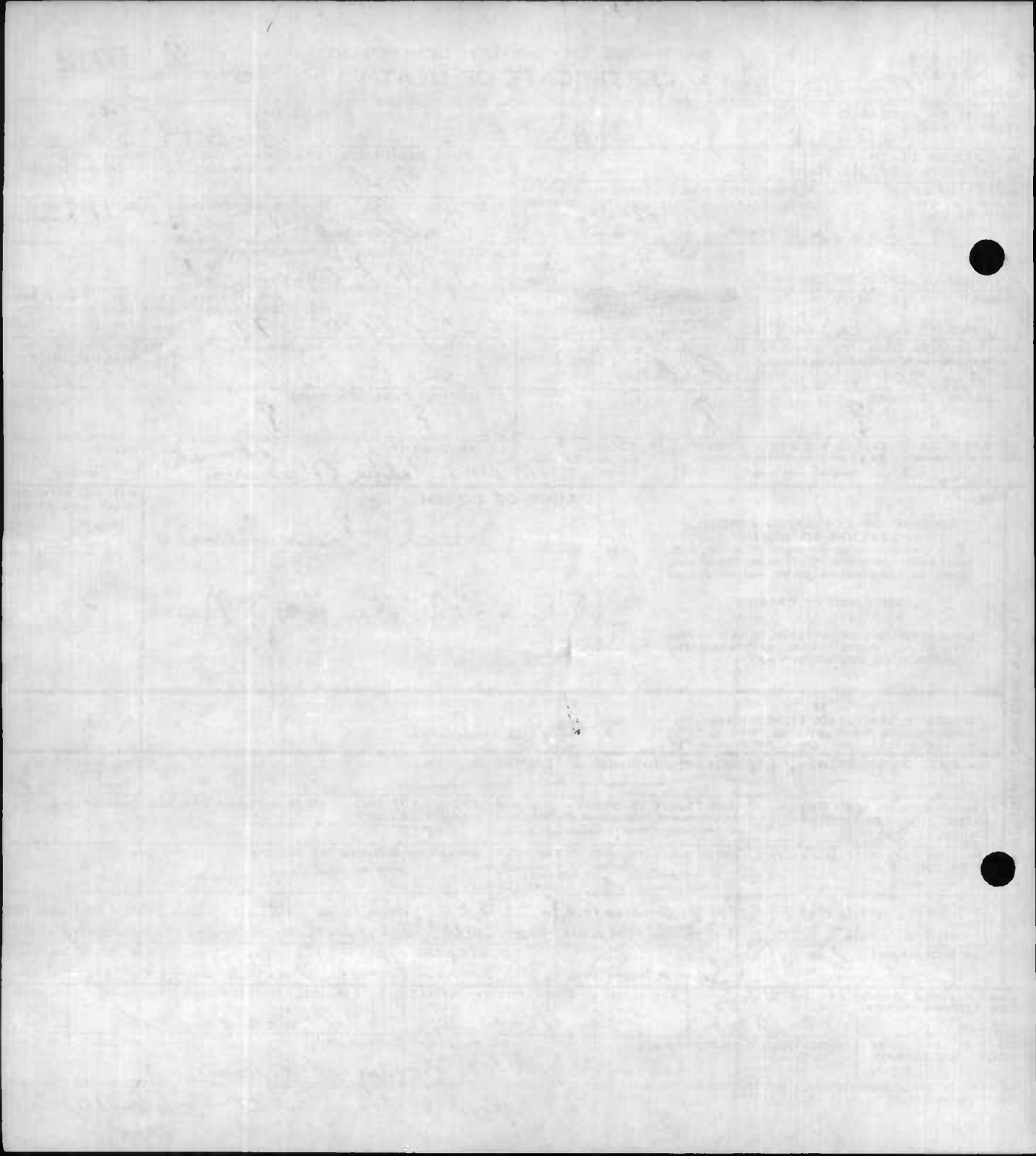
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

A. Boardman Evans

ADDRESS

580 5th 1400 S. Charles St. Balto. 30, Md.



-350
52 5713

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5713
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) <i>Mary Madden</i>	
2. DATE OF DEATH <i>June 19, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 14-63</i>	
D. STREET ADDRESS (If rural, give location) <i>508 Baker St</i>	
C. Length of stay in Baltimore <i>?</i> Yrs. Mos. Days	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>3-15-09</i>
9. AGE (In years last birthday) <i>43</i>	10. Under 1 Year Months Days
11. Under 24 Hours Hours Min.	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>	10B. KIND OF BUSINESS OR INDUSTRY
13. FATHER'S NAME <i>Hunter West</i>	14. MOTHER'S MAIDEN NAME <i>Lizzie Cunningham</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>	16. SOCIAL SECURITY NO. <i>none</i>
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>	ADDRESS
18. <i>456x</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Lupus erythematosus disseminatus</i> CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO INTERVAL BETWEEN ONSET AND DEATH <i>3 years</i>	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>6/17</i> 19 <i>52</i> to <i>6/19</i> 19 <i>52</i> , that I last saw the deceased alive on <i>6/19</i> 19 <i>52</i> , and that death occurred at <i>11:50</i> m., from the causes and on the date stated above.	
23A. SIGNATURE <i>Freighton E. Clay</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>
23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>6/21/52</i>
24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State) <i>Laurens South Carolina</i>
25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>	ADDRESS <i>4601 St. Nelson 1303</i> <i>Presstman St.</i>

MEDICAL CERTIFICATION

DATE RECEIVED BY LOCAL REGISTRAR
JUN 20 1952

525
52 5714

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5714

1. NAME OF DECEASED (Type or Print) Janice Johnson		2. DATE OF DEATH June 18, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY Balto	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2101 Cold Spring La. Bar Wil Bar		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 15-01	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1353 N. Stricker St	
5. SEX 7	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH Dec 25, 1898
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		9. AGE (In years last birthday) 53	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) va	
13. FATHER'S NAME Killand Conway		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Tiroelia Hicks 1353 N. Stricker St	

18. 450.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerosis	CAUSE OF DEATH Arteriosclerosis	INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertension & Nephritis		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 4 , 19 52 , to June 18 , 19 52 , that I last saw the deceased alive on June 18 , 19 52 , and that death occurred at 6:40 p.m., from the causes and on the date stated above.					
23A. SIGNATURE Gilbert L. Baupier M.D.		23B. ADDRESS 722 N. Julian Ave		23C. DATE SIGNED 6/19/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-23-52		24C. NAME OF CEMETERY OR CREMATORY mtauburn md	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR Yes S. Nelson		ADDRESS 1303 Brewster St	
DATE RECEIVED BY LOCAL REGISTRAR JUN 20 1952		REGISTRAR'S SIGNATURE Huntington Williams		VS 150 720 FA	

722 n. Fulton Ave

200
52 5715

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5715
Registered No. _____

BIRTH NO. _____			
1. NAME OF DECEASED (Type or Print) <u>Joseph m. Locks</u>			
2. DATE OF DEATH <u>June 18, 1952</u>			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md</u> B. COUNTY <u>16-01</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>1136 Mosher st</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto</u>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <u>1136 Mosher st</u>	
5. SEX <u>m</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>m</u>	8. DATE OF BIRTH <u>April 11, 1895</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>gen</u>	
13. FATHER'S NAME <u>Ben Locks</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <u>212-05-4611</u>	
17. INFORMANT <u>Helenitta Locks</u>		ADDRESS <u>1136 Mosher st</u>	
18. I <u>151x</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			
CAUSE OF DEATH			
(A) <u>Cerebral Thrombosis</u>			
DUE TO			
(B) <u>Myelosis</u>			
DUE TO			
(C) <u>Myeloma</u>			
INTERVAL BETWEEN ONSET AND DEATH <u>9</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <u>June 1, 1952</u>			
19B. MAJOR FINDINGS OF OPERATION <u>Cerebral Thrombosis</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21F. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <u>5-22</u> , 19 <u>52</u> , to <u>6-18</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>6-18</u> , 19 <u>52</u> , and that death occurred at <u>7:10</u> m., from the causes and on the date stated above.			
23A. SIGNATURE <u>[Signature]</u>		23B. ADDRESS <u>[Signature]</u>	
23C. DATE SIGNED <u>6-21-52</u>		M. D. <u>[Signature]</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>6/21/52</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>New Cathedral Balto md</u>		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 20 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams M.D.</u>	
25. FUNERAL DIRECTOR <u>Geo. W. Nelson</u>		ADDRESS <u>1803</u>	
97099 <u>Presstman St</u>			

MEDICAL CERTIFICATION

600
52 5716BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5716

BIRTH NO.		1. NAME OF DECEASED (Type or Print) E. STANLEY GARY		2. DATE OF DEATH JUNE 19th 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland GARDEN APTS 5B		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MD b. COUNTY BALTIMORE c. CITY OR TOWN BALTIMORE (If outside corporate limits, write RURAL and give township) 12-01			
b. FULL NAME OF HOSPITAL OR INSTITUTION X		d. STREET ADDRESS (If rural, give location) STONY RUN LANE			
c. Length of stay in Baltimore 99 Yrs. Mos. Days		8. DATE OF BIRTH JULY 26, 1862 9. AGE (In years last birthday) 89			
5. SEX MALE		6. COLOR OR RACE WHITE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY X		11. BIRTHPLACE (State or foreign country) ALBERTON, (was called DANIELS) MD	
13. FATHER'S NAME JAMES ALBERT GARY		14. MOTHER'S MAIDEN NAME LAVINIA WASHINGTON CORRIE		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 218-07-8145		17. INFORMANT Louise M. Gary ADDRESS Garden Apts 5B	
18. 422.2 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Myocarditis, chronic DUE TO		INTERVAL BETWEEN ONSET AND DEATH 6 days	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 19, 1952 , to June 19, 1952 , that I last saw the deceased alive on June 19, 1952 , and that death occurred at 8:30 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE Robert B. Taylor		23b. ADDRESS 100 Cathedral St		23c. DATE SIGNED June 20, 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 21 1952		24c. NAME OF CEMETERY OR CREMATORY Landon Park	
24d. LOCATION (City, town, or county) (State) Balt. Md		24e. NAME OF FUNERAL DIRECTOR Huntington Williams		24f. ADDRESS 4905 York Rd	

CERTIFICATE OF DEATH

STATE OF NEW YORK

DEPARTMENT OF HEALTH

IN SENATE

January 1, 1900

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52 5717

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5717

1. NAME OF DECEASED (Type or Print) Thomas Ryer		2. DATE OF DEATH 6. 18. 52.	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.	
7. STREET ADDRESS (If rural, give location) 1306 Towson St.		8. DATE OF BIRTH July 15, 1882	
9. LENGTH OF STAY IN BALTIMORE 42		10. AGE (In years last birthday) 69 If Under 1 Year: Months 11 Days 4 If Under 24 Hours: Hours 4 Min.	
11. SEX m.	12. COLOR OR RACE w.	13. SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED, DIVORCED (Specify)	14. DATE OF BIRTH July 15, 1882
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Longshoreman		16. KIND OF BUSINESS OR INDUSTRY	
17. FATHER'S NAME John Ryer		18. MOTHER'S MAIDEN NAME unknown	
19. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		20. SOCIAL SECURITY NO.	
21. INFORMANT Mrs. Frances Ryer		22. ADDRESS 1306 Towson St.	
23. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Possible Myocard. Infarct.		24. INTERVAL BETWEEN ONSET AND DEATH	
25. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary insuff.		26. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
27. DATE OF OPERATION 6. 21. 52		28. MAJOR FINDINGS OF OPERATION	
29. DATE OF OPERATION 6. 21. 52		30. MAJOR FINDINGS OF OPERATION	
31. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		32. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
33. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		34. HOW DID INJURY OCCUR?	
35. TIME (Month) (Day) (Year) (Hour) INJURY 6. 18. 52. 2:45 Pm.		36. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
37. I hereby certify that I attended the deceased from 6. 11. 1952 to 6. 18. 1952 , that I last saw the deceased alive on 6. 18. 1952 , and that death occurred at 2:45 Pm. , from the causes and on the date stated above.			
38. SIGNATURE Morris Goldberg		39. ADDRESS Sinai Hospital	
40. DATE 6/21/52		41. NAME OF SEMETERY OR CREMATORY Cedar Hill	
42. DATE RECEIVED BY LOCAL REGISTRAR JUN 20 1952		43. REGISTRAR'S SIGNATURE Huntington Williams	
44. DATE RECEIVED BY LOCAL REGISTRAR JUN 20 1952		45. FUNERAL DIRECTOR Chas. F. Dief	
46. ADDRESS 1501 E Fort Ave.		47. ADDRESS	

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 5718

460
5718
BIRTH NO.

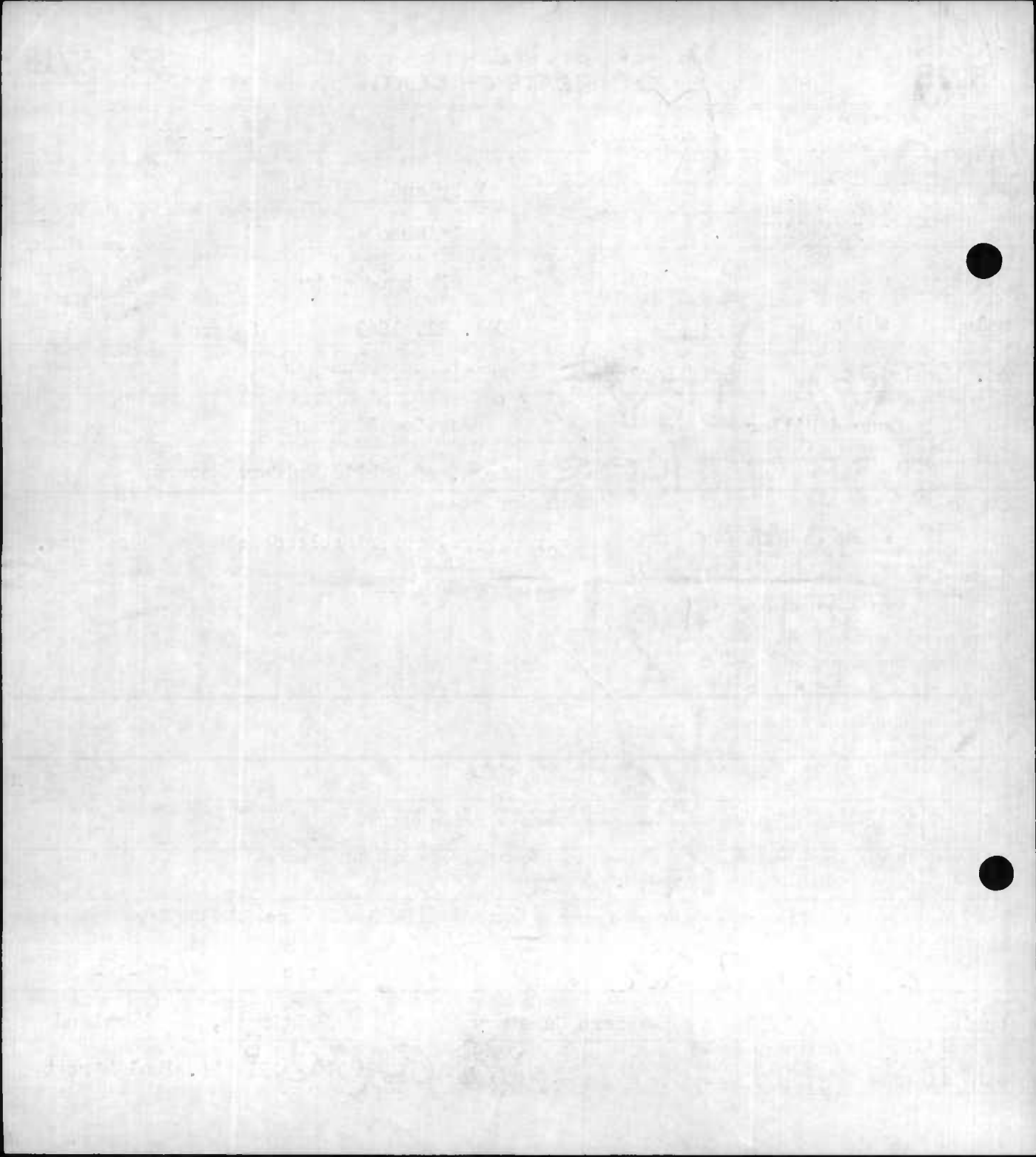
1. NAME OF DECEASED (Type or Print) JOHN MILLER		2. DATE OF DEATH 6-19-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST PAUL CONVALESCENT HOME 2305 ST PAUL ST.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore ? Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) No home address 12-04	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Oct. 21, 1863
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Wheelright		10B. KIND OF BUSINESS OR INDUSTRY Self Employed	9. AGE (in years last birthday) 88 yrs
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Conrad Miller		14. MOTHER'S MAIDEN NAME Justine Bierman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Dept. of Public Welfare Records		ADDRESS	

18. 450.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) generalized arteriosclerosis DUE TO CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH sev yrs.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan , 19 50 , to June 19 , 19 52 that I last saw the deceased alive on June 17 , 19 52 , and that death occurred at 11:30 m. , from the causes and on the date stated above.					
23A. SIGNATURE E. Elsworth Cook M. D.		23B. ADDRESS 2431 Maryland Avenue		23C. DATE SIGNED 6-19-52	

24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 6/21/52		24C. NAME OF CEMETERY OR CREMATORY Western Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR JUN 20 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Wm. Cook		ADDRESS 1217 St. Paul Street	

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 5719

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HATTIE BROWN

2. DATE OF DEATH June 18, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1211 Nolan Court

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Dec. 4, 1895

9. AGE (In years last birthday)

56

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Butler

14. MOTHER'S MAIDEN NAME

Hannieet

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Razol Simpson 1211 Nolan Court

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

11
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

June 19, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

STATE OF NEW YORK
DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

1911

NEW YORK, N. Y.

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

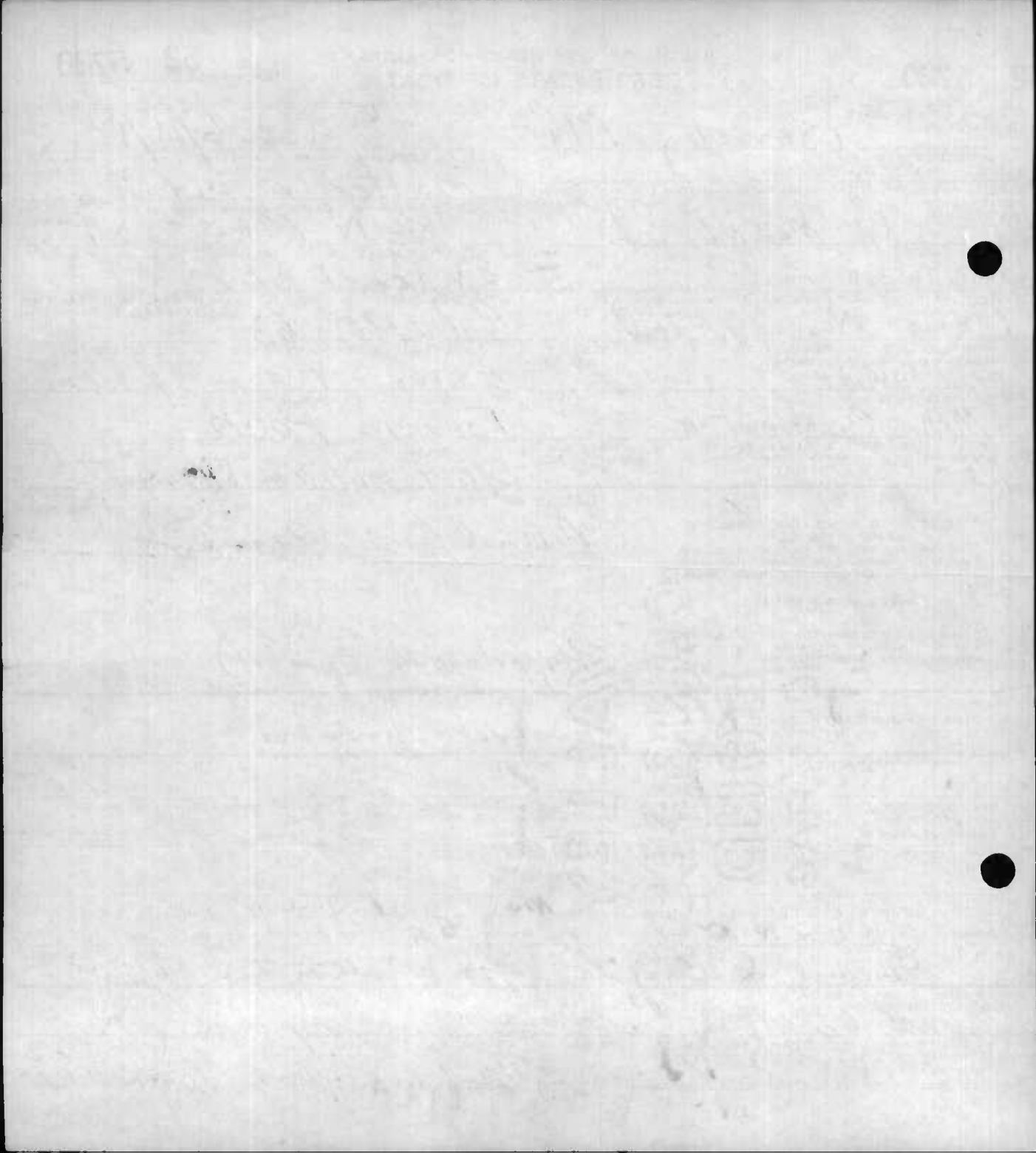
Registered No. **52 5720**

630
2 5720
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Barrett, Mary			2. DATE OF DEATH 6/18/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION 8 N. Mount St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 8 N. Mount St.		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 8 N. Mount St.		
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Oct 12, 1888		9. AGE (In years last birthday) 63
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			11. BIRTHPLACE (State or foreign country) Emporia Va.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Mike Carpenter			14. MOTHER'S MAIDEN NAME Liracic Poch		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Ethel Gilliam 8 N. Mount St.

18. 332X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Arteriosclerosis (Generalized)		
DUE TO				
ANTECEDENT CAUSES		(B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO Hypertension (Essential)		
		(C) Cerebral Thrombosis		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 1951 , to June 18, 1952 , that I last saw the deceased alive on June 18, 1952 , and that death occurred at 5:00 PM , from the causes and on the date stated above.					
23A. SIGNATURE Garbert L. Banfill, M.D.		23B. ADDRESS 722 N. Fulton Ave		23C. DATE SIGNED 6/18/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 6/20/1952		24C. NAME OF CEMETERY OR CREMATORY Emporia Va.	
24D. LOCATION (City, town, or county) (State) Emporia Va.		DATE RECEIVED BY LOCAL REGISTRAR JUN 20 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
FUNERAL DIRECTOR Walter Williams		ADDRESS 8 N. Mount St.		322	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5721
Registered No. _____

322
BIRTH NO. 5721

1. NAME OF DECEASED (Type or Print) <i>Anthony Ratajczak</i>			2. DATE OF DEATH <i>June 19, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Andres</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore <i>74-6</i>			D. STREET ADDRESS (If rural, give location) <i>3129 Elliott St.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>12-29-76</i>		9. AGE (In years last birthday) <i>75</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>S.K. Meat Co.</i>	11. BIRTHPLACE (State or foreign country) <i>Germany</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Anthony Ratajczak</i>			14. MOTHER'S MAIDEN NAME <i>Katwacka</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>213-03-9372</i>	17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Cerebro vascular accident</i> DUE TO (B) <i>Hypertensive + arteriosclerotic Cardiovascular disease</i> DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH <i>2-3 days</i> <i>4 or more years</i>
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II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____			

22. I hereby certify that I attended the deceased from *6-12*, 19*52* to *6-19*, 19*52* that I last saw the deceased alive on *6-19*, 19*52*, and that death occurred at *9:10 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Thomas Franklin Williams</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>6/19/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>6-23-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St. Stanislaus Dundalk Ave.</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore Md.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 20 1952</i>	REGISTRAR'S SIGNATURE <i>H. J. Williams</i>	25. FUNERAL DIRECTOR <i>John J. Duda</i>		ADDRESS <i>2829 Hudson St.</i>	

MEDICAL CERTIFICATION

310
52 5722
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5722

1. NAME OF DECEASED (Type or Print) George William Stapf		2. DATE OF DEATH June 19 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 3133 Wilkens Ave		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 20-05	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 3133 Wilkens Ave	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov 19 1887
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man		10B. KIND OF BUSINESS OR INDUSTRY Western Md. Dairy	9. AGE (In years last birthday) 64
13. FATHER'S NAME William Stapf		11. BIRTHPLACE (State or foreign country) Baltimore Md	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO. 215-10-2636		14. MOTHER'S MAIDEN NAME Catherine Kuhn	
17. INFORMANT Margaret Stapf		ADDRESS 3133 Wilkens Ave	
18. 420.1 and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Coronary Thrombosis DUE TO (B) Coronary Atherosclerosis DUE TO (C) Chronic Hypertensive Cardio-Vascular Disease Diabetes Mellitus		INTERVAL BETWEEN ONSET AND DEATH 1 hr. 2 3/4. 10 yr. 4 3/4.	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-25 , 19 47 , to 6-19 , 19 52 , that I last saw the deceased alive on 6-18 , 19 52 , and that death occurred at 10:05 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE William K. Gallagher		23B. ADDRESS Catonsville, Md.	
23C. DATE SIGNED 6-20-52		23D. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 23 1952	
24C. NAME OF CEMETERY OR CREMATORY Loudon Park		24D. LOCATION (City, town, or county) (State) Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR JUN 20 1952		REGISTRAR'S SIGNATURE Huntington Williams	
VS 150		FUNERAL DIRECTOR 4204 Ridgewood Ave	

MEDICAL CERTIFICATION

554 41

6709 Bids

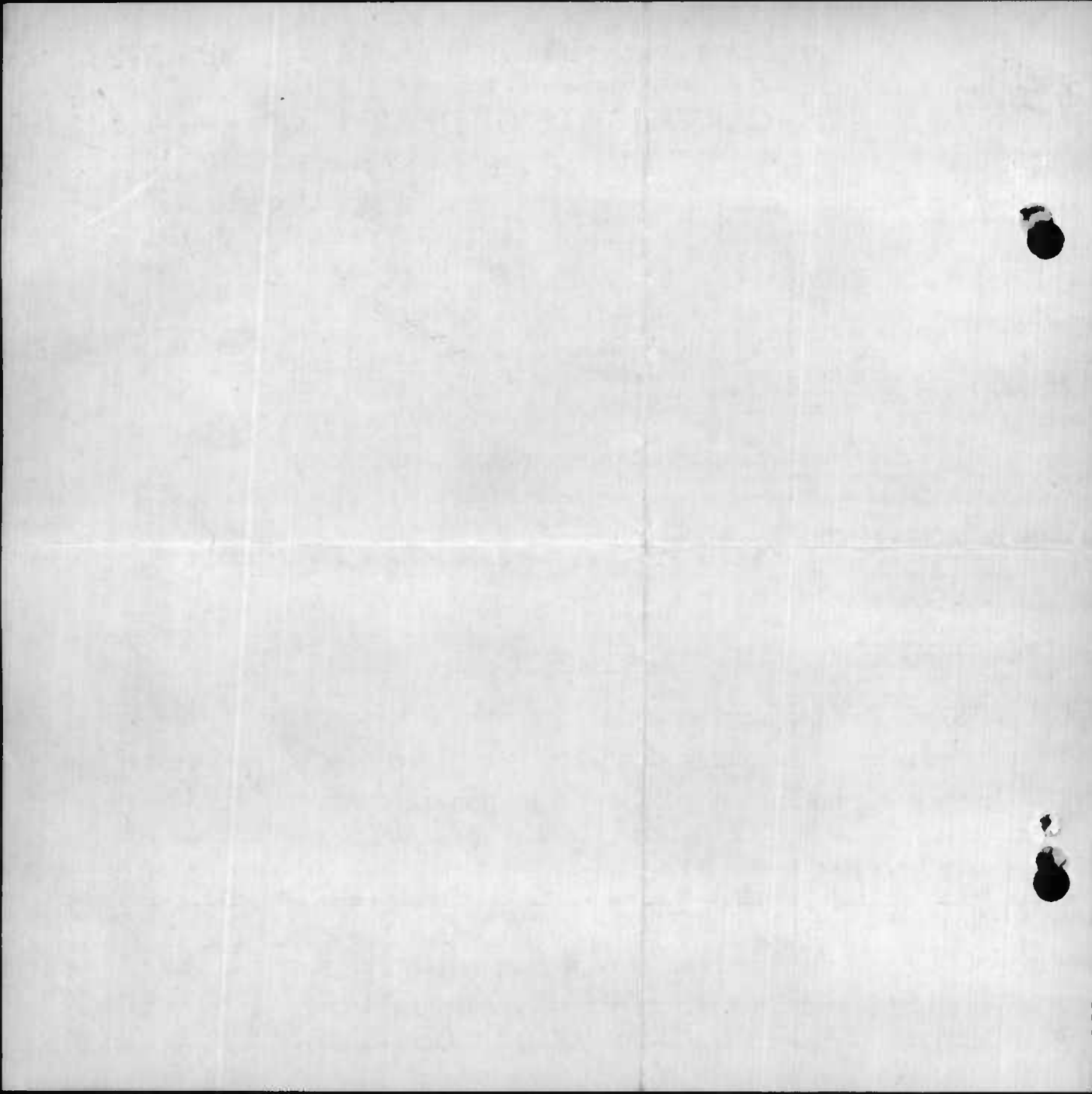
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 633

PLACE OF DEATH COUNTY BALTO.		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE MD. COUNTY BALTO.	
CITY (If outside corporate limits, write RURAL and give nearest town) CATONSVILLE		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE 78-04	
HOSPITAL OR INSTITUTION OR STREET ADDRESS HOOD CONVALESCENT HOME				STREET ADDRESS HOOD CONVALESCENT HOME	
NAME OF DECEASED (Type or Print)		(First) ELIZABETH		(Middle) J	
		(Last) DIETRICH		4. DATE OF DEATH (Month) JUNE (Day) 15 (Year) 1952	
SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH DEC. 24, 1880	9. AGE last birthday 71 yrs.	If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) PENN.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
1. FATHER'S NAME LOUIS ALTHOFF		14. MOTHER'S MAIDEN NAME FLORENCE MORROW			
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (em, no, or unknown) No		16. SOCIAL SECURITY No. —		17. INFORMANT AND ADDRESS George W. Dietrich - 8211 Old Hayfield Rd.	
18. MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH 1 WK
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
Immediate cause (a) Cerebral Hemorrhage					
Antecedent cause(s) (b) Cerebral Arterio Sclerosis					
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)					
OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 6-14-52		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
1. ACCIDENT (Specify) SUICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
2. I hereby certify that I attended the deceased from 5-6 , 19 52 , to 6-15 , 19 52 , that I last saw the deceased alive on 6-14 , 19 52 , and that death occurred at 2 P. m., from the causes and on the date stated above.					
SIGNATURE James G. Brown		(Degree or title)		ADDRESS Catonville DATE SIGNED 6-16	
3. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE 6-18-52		NAME OF CEMETERY OR CREMATORY Catholic Cem. LOCATION (City, town, or county) Balto. (State) Ind.	
DATE REC'D BY LOCAL REG JUN 20 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		24. FUNERAL DIRECTOR George S. Farley ADDRESS Catonville, Md.	



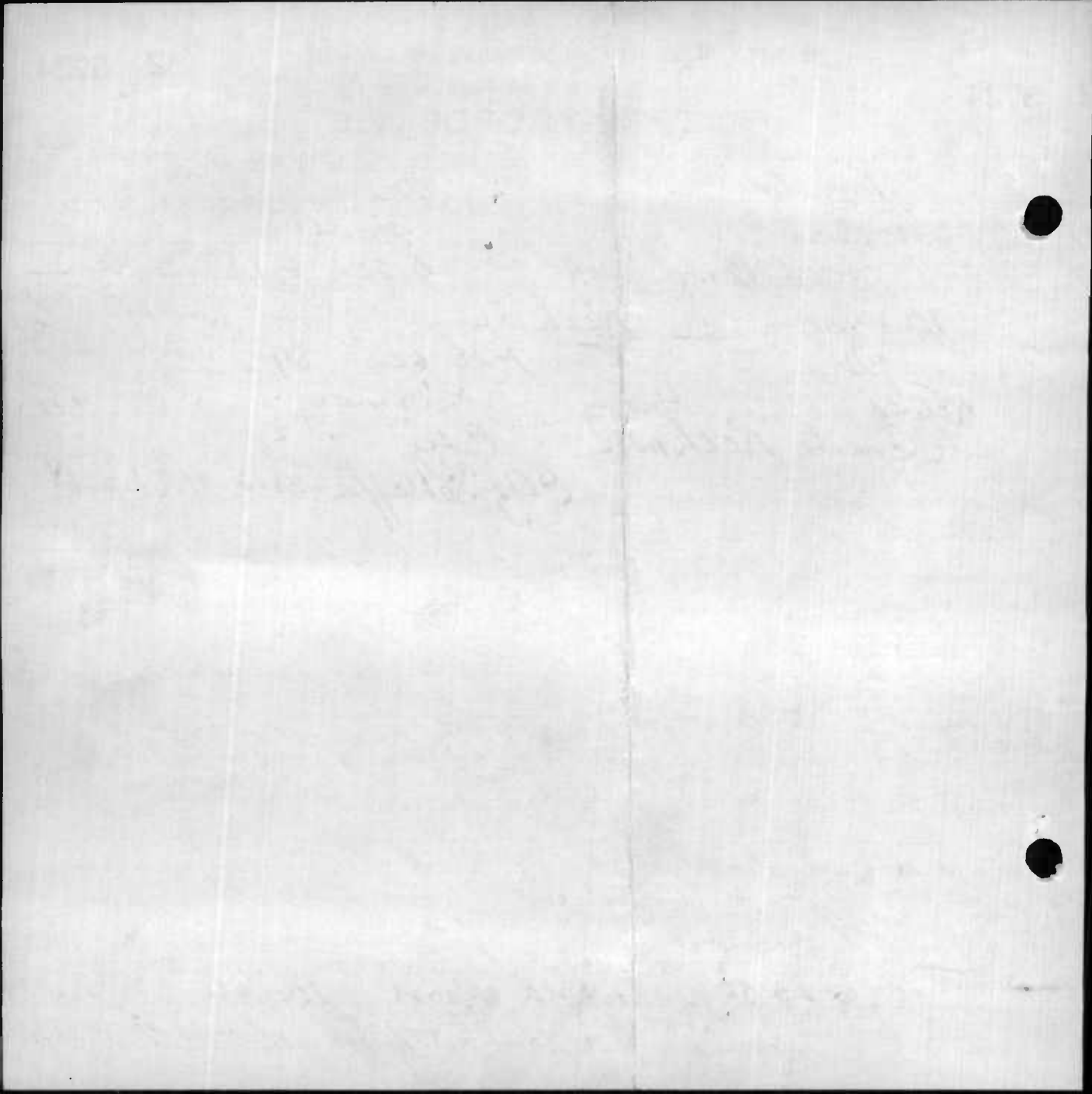
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

PLACE OF DEATH- COUNTY <u>Balto</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>md</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Balto</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Balto</u> - <u>28-04</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Hood Convalescent</u>		STREET ADDRESS <u>5300 Edmonson Ave</u>	
NAME OF DECEASED (Type or Print) <u>Bernard</u> (First) <u>Rethman</u> (Middle) <u></u> (Last)		4. DATE OF DEATH <u>6-19-1952</u> (Month) (Day) (Year)	
SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED , (Specify) <u></u>	8. DATE OF BIRTH <u>7-28-62</u>
a. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u>	9. AGE last birthday <u>89</u> yrs.
FATHER'S NAME <u>Clayton Rethman</u>		11. BIRTHPLACE (State or foreign country) <u>Germany</u>	
1. WAS DECEASED EVER IN U.S. ARMED FORCES? (us, no, or unknown) (If yes, give war or dates of service) <u></u>		16. SOCIAL SECURITY No. <u></u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
17. INFORMANT AND ADDRESS <u>Eliz. Schlaffer - 3606 Hudson St.</u>		14. MOTHER'S MAIDEN NAME <u>Ely</u>	
18. MEDICAL CERTIFICATION			
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Septicemia C. B. S.</u>			<u>12 hours</u>
Antecedent cause(s) (b) <u>Generalized arterio sclerosis</u>			
OTHER SIGNIFICANT CONDITIONS (c) <u></u>			
19. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
a. DATE OF OPERATION <u>none</u>			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Not While Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
2. I hereby certify that I attended the deceased from <u>5-1</u> , 19 <u>52</u> , to <u>6-19</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>6-19</u> , 19 <u>52</u> , and that death occurred at <u>8 A</u> m., from the causes and on the date stated above.			
SIGNATURE <u>James Eston</u>		ADDRESS <u>Pattonville</u> DATE SIGNED <u>6-20</u>	
BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>REMOVAL</u>	<u>6-23-52</u>	<u>Sacred Heart</u>	<u>Balto</u> - <u>md</u>
DATE REC'D BY LOCAL REG. <u>JUN 20 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	24. FUNERAL DIRECTOR <u>Lilly & Zehn</u>	ADDRESS <u>403 S. Wolfe St.</u>



610
52 5725
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5725
Registered No.

1. NAME OF DECEASED (Type or Print) <i>ELIZABETH KERBE</i>		2. DATE OF DEATH <i>JUNE 19, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2352 WILKENS AVE</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE 20-05</i>	
C. Length of stay in Baltimore <i>72 yrs.</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>2352 WILKENS AVE.</i>	
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOWED</i>	8. DATE OF BIRTH <i>APRIL 25, 1875</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOUSEWIFE</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>DOMESTIC</i>	9. AGE (In years last birthday) <i>77</i> If Under 1 Year Months Days If Under 24 Hours Hours Min.
13. FATHER'S NAME <i>WILLIAM VOLANDT</i>		11. BIRTHPLACE (State or foreign country) <i>GERMANY</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>NO</i> (If yes, give war or dates of service) <i>NONE</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
16. SOCIAL SECURITY NO. <i>NONE</i>		14. MOTHER'S MAIDEN NAME <i>UNKNOWN</i>	
17. INFORMANT <i>WILMER KERBE</i>		ADDRESS <i>2228 RAMSAY ST.</i>	
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Coronary Thrombosis</i> DUE TO (B) <i>Generalized Arteriosclerosis</i> DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH <i>15 min</i>			
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>March</i> , 19 <i>42</i> to <i>June</i> , 19 <i>52</i> that I last saw the deceased alive on <i>19 June</i> , 19 <i>52</i> , and that death occurred at <i>3:15 PM.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>H. H. Bayless</i>		23B. ADDRESS M. D. <i>1600 Wilkens Ave</i>	
23C. DATE SIGNED <i>19 June 52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>6-23-52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>WESTERN</i>		24D. LOCATION (City, town, or county) (State) <i>BALTIMORE, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 20 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>Geo. Z. Schwab</i>		ADDRESS <i>3101 FREDERICK AVE</i>	

S. D.

COMP.

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536
52 5726
BIRTH NO.

A536

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5726
Registered No.

1. NAME OF DECEASED (Type or Print) Harry A. Anderson, Jr.		2. DATE OF DEATH 6-18-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland 3605 Hillside Rd.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 3605 Hillside Road	
5. SEX M	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 24, 1874
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate		9. AGE (in years last birthday) 78 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
13. FATHER'S NAME Harry A. Anderson		12. CITIZEN OF WHAT COUNTRY?	
14. MOTHER'S MAIDEN NAME Mary Miller		17. INFORMANT 3605 Hillside Rd. Edith A. Anderson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Anterior Sclerotic Cardiac Disease DUE TO Acute Cardiac Failure		INTERVAL BETWEEN ONSET AND DEATH 3 yrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. General Arterio Sclerosis DUE TO		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 - 1 - 1945 , to 6 - 18 - 1952 , that I last saw the deceased alive on 6 - 18 - 1952 , and that death occurred on 6 - 18 - 1952 at 5:45 A. M. , from the causes and on the date stated above.			
23A. SIGNATURE Howard H. Warner		23B. ADDRESS 2624 Garrison Pk	
M. D.		23C. DATE SIGNED 6-18-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6-20-52	24C. NAME OF CEMETERY OR CREMATORY Loudon Park	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE RECEIVED BY LOCAL REGISTRAR JUN 20 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Ellsworth Armacost ADDRESS 4600 Liberty Bldg. Baltimore, Md.	

UNITED STATES DEPARTMENT OF HEALTH
CENTRAL BUREAU OF VITAL STATISTICS

1910

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5727**

1. NAME OF DECEASED (Type or Print) HOWELL R. ELLIOTT		2. DATE OF DEATH June 19, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 3563 Horton Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 25-04	
D. STREET ADDRESS (If rural, give location) 3563 Horton Avenue		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 8, 1900
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRINTER		10B. KIND OF BUSINESS OR INDUSTRY CHEM. CO.	9. AGE (In years last birthday) 51
11. BIRTHPLACE (State or foreign country) BALTIMORE, MD.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME JOHN J. ELLIOTT		14. MOTHER'S MAIDEN NAME GEORGIA L. CARTER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT FRANCES B. ELLIOTT		ADDRESS 3563 HORTON AVE	

MEDICAL CERTIFICATION

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Coronary artery sclerosis DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>Stanley S. Dunleavy</i> M.D.	23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED June 19, 1952
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24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 6/21/52	24C. NAME OF CEMETERY OR CREMATORY CEAR HILL	24D. LOCATION (City, town, or county) (State) RTCHRE HWY
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DATE RECEIVED BY LOCAL REGISTRAR JUN 21 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR JOHN F. DENNY, INC.	ADDRESS 715 LIGHT ST -30
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1957 81

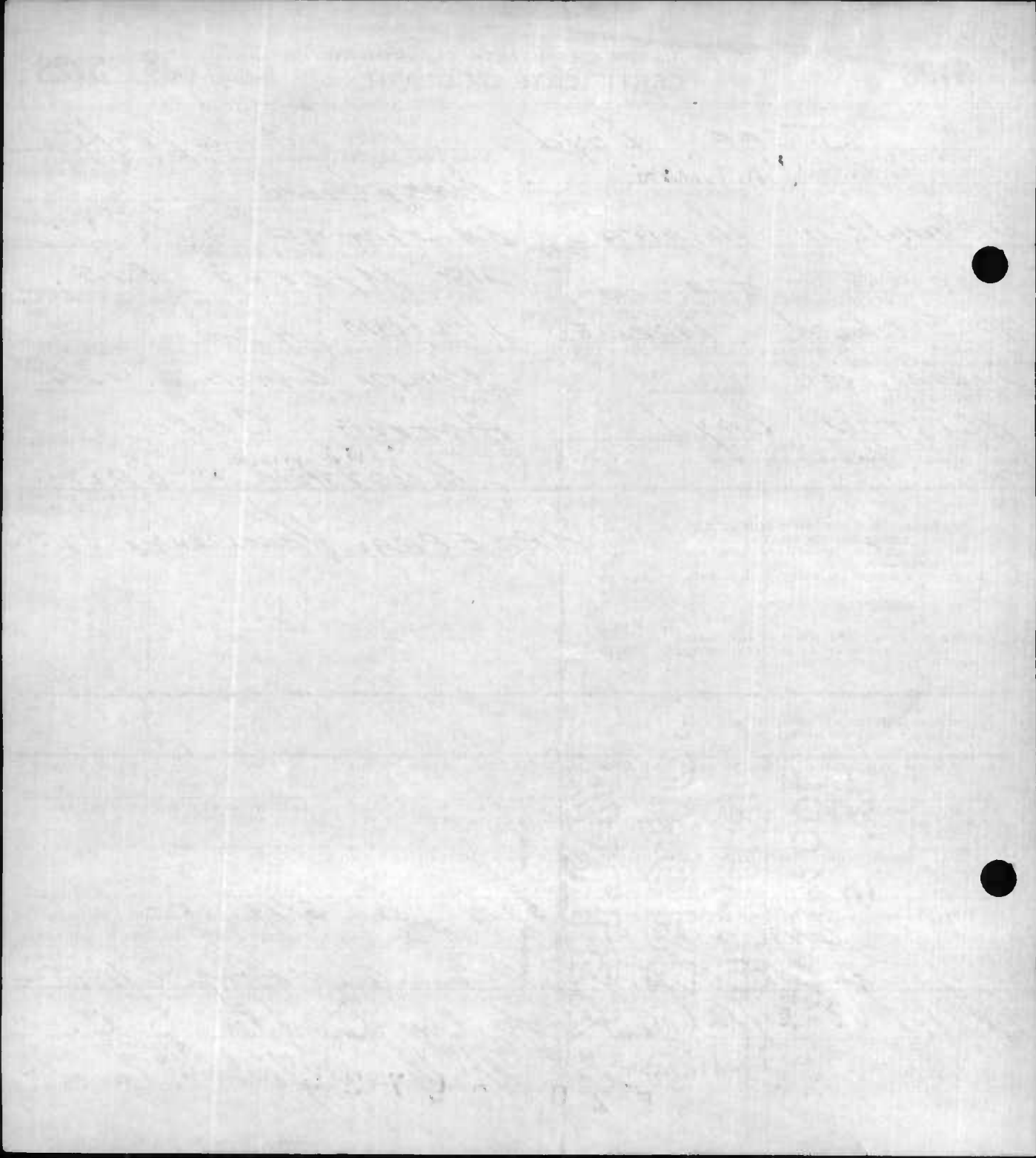
RECEIVED

1957 81

300
2 5728BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5728

1. NAME OF DECEASED (Type or Print) JEFF Boyd		2. DATE OF DEATH 6/19/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION PROVIDENT HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 4-01	
C. Length of stay in Baltimore 26		D. STREET ADDRESS (If rural, give location) 218 MYRTLE AVE.	
5. SEX MALE	6. COLOR OR RACE COLORED	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 4/12/1910
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNEMPLOYED LABORER - Gen.		9. AGE (in years last birthday) 42	
13. FATHER'S NAME BRISTON Boyd		11. BIRTHPLACE (State or foreign country) NORTH CAROLINA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME HATTIE CAPUS	
17. INFORMANT 2514 1/2 N. ...		ADDRESS BROTHER and BALT.	
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) CEREBRAL HEMORRHAGE DUE TO INTERVAL BETWEEN ONSET AND DEATH 12 Hrs			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 6/19 1952 to 6/19 1952 , that I last saw the deceased alive on 6/19 1952 , and that death occurred at 10:12 a.m. , from the causes and on the date stated above.			
23A. SIGNATURE Lucia C. A. ...		23B. ADDRESS ... Corps.	
23C. DATE SIGNED 6/19/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Shipped		24B. DATE 5-21/52	
24C. NAME OF CEMETERY OR CREMATORY New Hope Cem		24D. LOCATION (City, town, or county) (State) Durham, N. C.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 21 1952		REGISTRAR'S SIGNATURE William G. Jackson	
25. FUNERAL DIRECTOR William G. Jackson		ADDRESS ... Penn	



120
5729

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5729

BIRTH NO.		1. NAME OF DECEASED (Type or Print) ANNA HOUSLEY REEVES		2. DATE OF DEATH June 19, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION US Public Health Service Hospital Kanan pk. drive & 31st street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-38			
c. Length of stay in Baltimore ? Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 5705 Fenwick Avenue			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Div.	8. DATE OF BIRTH 5/4/83	9. AGE (In years last birthday) 69	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Washington State	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME James Housley			14. MOTHER'S MAIDEN NAME Alice Mc Cleimans		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. no ?		17. INFORMANT ADDRESS Records- US PHS Hospital, Balto, Md.	
18. 170X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Widespread metastases from carcinoma of left breast DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH Approx. 2 yrs.	
19A. DATE OF OPERATION 21		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Apr. 30, 1952 to June 19, 1952 that I last saw the deceased alive on June 19, 1952 and that death occurred at 5:45 P. m., from the causes and on the date stated above.					
23A. SIGNATURE J. A. Hunter Clinical Director		23B. ADDRESS US PHS Hospital, Balto, Md.		23C. DATE SIGNED 6/20/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE 6/21/52		24C. NAME OF CEMETERY OR CREMATORY Green Mount Crematory	
24D. LOCATION (City, town, or county) (State) Balto., Md.		25. FUNERAL DIRECTOR Huntington Williams, M.D. 26. ADDRESS Baltimore 17, Md.			
DATE RECEIVED BY LOCAL REGISTRAR JUN 21 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5730**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mrs. Bertha S. Rowles</i>		2. DATE OF DEATH <i>6-20-1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Agnes Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 9-03</i>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>1120 E. 36th St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>July 3, 1896</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Caterer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Caterer (Specialties)</i>	
13. FATHER'S NAME <i>M. Salomon</i>		14. MOTHER'S MAIDEN NAME <i>Mary Oppen</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS <i>Mr. Edward D. Rowles, Jr. - 1120 E. 36th St</i>	

18. <i>170X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Carcinoma of breast</i> DUE TO (B) <i>Pulmonary & pleural</i> DUE TO (C) <i>metastasis.</i>
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II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
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19a. DATE OF OPERATION <i>0</i>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *6/12, 1952* to *6/20, 1952* that I last saw the deceased alive on *6/20, 1952* and that death occurred at *5:50 A.M.* from the causes and on the date stated above.

23a. SIGNATURE <i>John E. Healy</i> M. D.	23b. ADDRESS <i>St. Agnes Hosp.</i>	23c. DATE SIGNED <i>6/20/52</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>6/23/52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Loudon Park Cem.</i>	24d. LOCATION (City, town, or county) (State) <i>Balto., Md.</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 21 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Wm. J. Dickner & Sons</i>	ADDRESS <i>Balto 17, Md.</i>
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2906A

MEDICAL CERTIFICATION

0652 52

10 10

325
52 5731BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5731

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARGDALE WYTEKUNAS		2. DATE OF DEATH 6-18-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1603 Elmtree		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 25-05	
c. Length of stay in Baltimore 45 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1603 Elmtree St.	
5. SEX Female	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec 8-1874
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 77 # Under 1 Year Months: Days # Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) LITHUANIA		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME PETER KALINAUSKAS		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT ANTHONY WYTEKUNAS		ADDRESS 1603 ELMTREE	

18. 154X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Adenocarcinoma of the recto-sigmoid CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 6-9 months
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerosis C.V. system		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan. , 19 50 , to June 18 , 19 52 , that I last saw the deceased alive on June 17 , 19 52 , and that death occurred at 12:30 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Ludwig R. Schick		23B. ADDRESS M. D. 4700 Pennington Ave.		23C. DATE SIGNED 6/20/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE June 23, 1952		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery	
24D. LOCATION (City, town, or county) (State) Belair Road		24E. NAME OF CEMETERY OR CREMATORY Belair Road		24F. LOCATION (City, town, or county) (State) Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR JUN 21 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Chas. W. Kachanowski	
ADDRESS 103 Melrose St.					

[Faint, illegible handwriting, likely bleed-through from the reverse side of the page. The text is mirrored and difficult to decipher.]

[Faint, illegible handwriting at the bottom of the page, possibly a signature or date.]

5732 Exam. Case Released to Hospital
2 5732
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
Registered No. 52 5732

1. NAME OF DECEASED (Type or Print) <u>Hassanah Jones</u>		2. DATE OF DEATH <u>June 19, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <u>md.</u> B. COUNTY <u>14-03</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
C. Length of stay in Baltimore <u>1 yr</u>		D. STREET ADDRESS (If rural, give location) <u>3001 Brunt St.</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE/MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug-9-1919</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>33</u> If Under 1 Year: Months: <u>11</u> Days: <u>11</u> If Under 24 Hours: Hours: <u>11</u> Min. <u>11</u>
13. FATHER'S NAME <u>Horrisan Taylor</u>		11. BIRTHPLACE (State or foreign country) <u>Rehoboth - Va</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <u>Hannah Cain</u>	
17. INFORMANT <u>JOHNS HOPKINS HOSPITAL</u>		ADDRESS	

18. <u>171X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <u>Carcinoma of Cervix</u> DUE TO (B) <u>secondary to infection</u> DUE TO <u>falling bilateral ureters</u> (C) <u>transplant</u>	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <u>6-19-52</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>6-19, 1952</u> , to <u>6-19, 1952</u> , that I last saw the deceased alive on <u>6-19, 1952</u> , and that death occurred at <u>754 P.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Neil Chapman M.D.</u>		23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		23C. DATE SIGNED <u>6/19/52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>6-22-52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Family Cem</u>	
24D. LOCATION (City, town, or county) <u>Rehoboth - Va</u>		24E. DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 21 1952</u>		24F. REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	
24G. FUNERAL DIRECTOR <u>Samuel W. Sullivan Jr</u>		24H. ADDRESS <u>To be approved</u>		24I. VS 150 <u>740 RF 10 11 N. Arlington Ave</u>	

NOT A MEDICAL EXAMINER'S CASE

William V. Gove M.D.
CHIEF OR ASST. MEDICAL EXAMINER

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5733
Registered No. _____

536
2 5733

1. NAME OF DECEASED (Type or Print) <i>Phoebe Landry</i>		2. DATE OF DEATH <i>6-18-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Harford</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Edgewood rural</i>	
c. Length of stay in Baltimore Yrs. <i>4</i> Mos. <i>4</i> Days		D. STREET ADDRESS (If rural, give location) <i>Edgewood, Maryland 6200</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE <input checked="" type="checkbox"/> MARRIED <input checked="" type="checkbox"/> <i>WIDOWED</i> DIVORCED (Specify)	8. DATE OF BIRTH <i>1905</i>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		9. AGE (in years last birthday) <i>47</i>	
10a. KIND OF BUSINESS OR INDUSTRY <i>-</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13. FATHER'S NAME <i>James Landers</i>	
14. MOTHER'S MAIDEN NAME <i>Mollie Donahoe</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>	
16. SOCIAL SECURITY NO. <i>1</i>		17. INFORMANT <i>Patient</i>	
18. <i>223X</i>		ADDRESS	

18. <i>223X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) <i>cerebellar angioma</i>			<i>6 mos</i>
DUE TO			
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Brain stem edema</i>	<i>2 days</i>
DUE TO			
		(C) <i>Hemorrhage into posterior fossa</i>	<i>2 days</i>

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. *Pulmonary congestion*

19a. DATE OF OPERATION <i>3</i> <i>6-16-52</i>		19b. MAJOR FINDINGS OF OPERATION <i>cerebellar angioma</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *6-12*, 195*2* to *6-18*, 195*2*; that I last saw the deceased alive on *6-18*, 195*2*, and that death occurred at *10 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>H. K. Skipton</i>		23b. ADDRESS <i>Univ. Hosp</i>		23c. DATE SIGNED <i>6-18-52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>6/22/52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Cokesbury Cemetery</i>	
24d. LOCATION (City, town, or county) (State) <i>Abingdon, Harford Co., Md.</i>		DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 21 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
25. FUNERAL DIRECTOR <i>H. K. McComas & Sons</i>		ADDRESS <i>Abingdon, Md.</i>			

400
52 5734

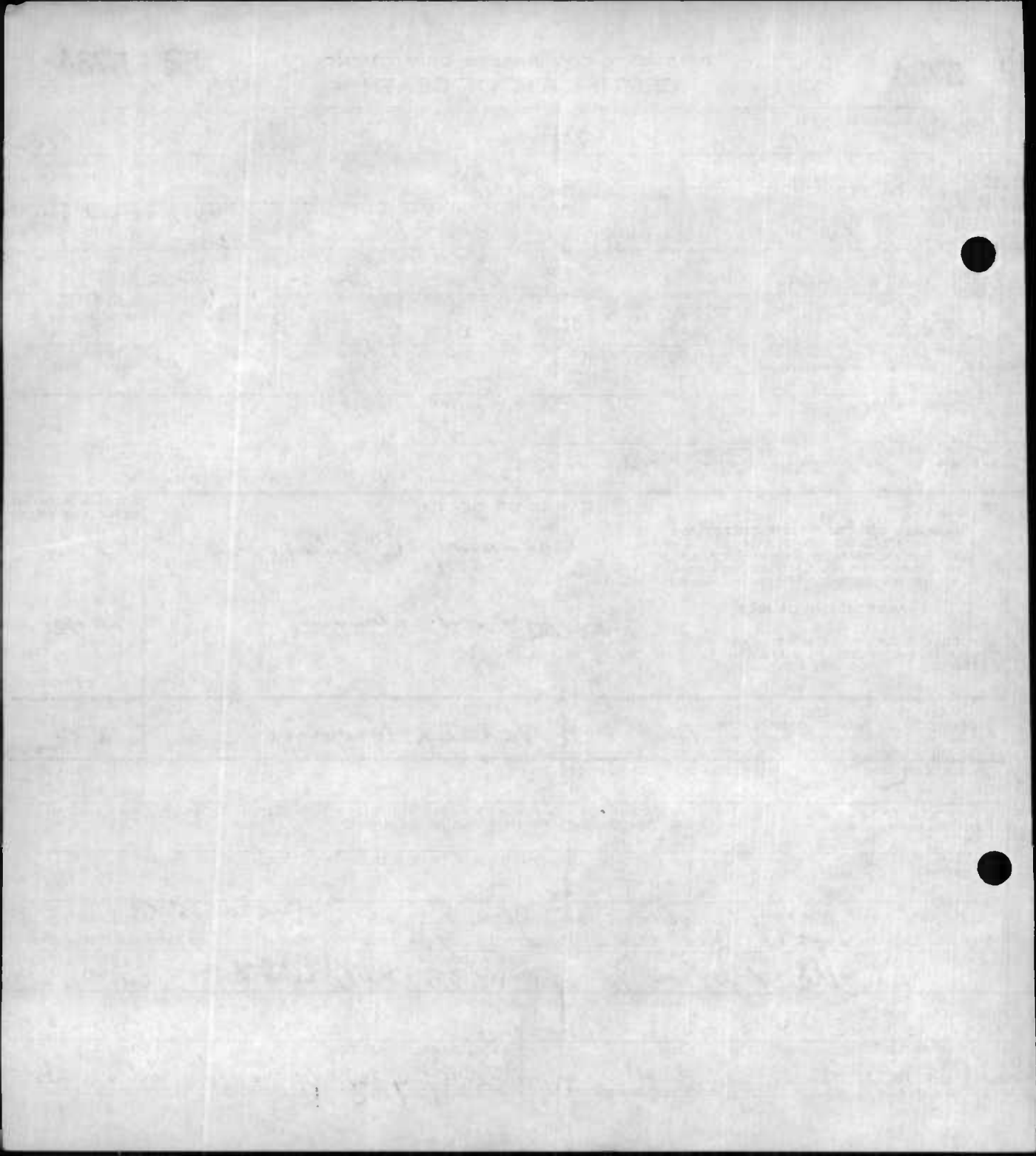
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5734
Registered No.

1. NAME OF DECEASED (Type or Print) MRS. ANNIE R. BELL		2. DATE OF DEATH June 20 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2748 W. FAIRMOUNT AVE.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 20-02	
D. STREET ADDRESS (If rural, give location) 2748 W. FAIRMOUNT AVE.		8. DATE OF BIRTH 8-22-1871	
c. Length of stay in Baltimore Yrs. Mos. Days		9. AGE (in years last birthday) 80	
5. SEX FEMALE		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
6. COLOR OR RACE WHITE		10a. KIND OF BUSINESS OR INDUSTRY	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		11. BIRTHPLACE (State or foreign country) Prince George Co. Md.	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT MRS. CLARA B. PITT		ADDRESS 2757 W. FAIRMOUNT	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion DUE TO (A) Arterio sclerosis. (B) Valvular Hernia. (C)		INTERVAL BETWEEN ONSET AND DEATH 2 hr. 10 yr. 6 yr.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION June 18, 1952		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 3, 1952 to June 20, 1952 , that I last saw the deceased alive on June 18, 1952 , and that death occurred at 9 A. M. , from the causes and on the date stated above.					
23A. SIGNATURE Thomas J. Kenny		23B. ADDRESS 1933 W. JACO ST		23C. DATE SIGNED 6/20/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 6-24-52		24C. NAME OF CEMETERY OR CREMATORY MT. CLIVET CEMETERY	
24D. LOCATION (City, town, or county) (State) FREDERICK AVE BALTO. MD		25. FUNERAL DIRECTOR THOMAS J. KENNY		ADDRESS INC - 1600 HOLLINS ST	
DATE RECEIVED BY LOCAL REGISTRAR JUN 21 1952		REGISTRAR'S SIGNATURE Huntington Williams			



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5735**

263
5735
BIRTH NO.

1. NAME OF DECEASED (Type or Print) JAMES H. RICHARDSON			2. DATE OF DEATH 6/19/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY BALTIMORE		
B. FULL NAME OF HOSPITAL OR INSTITUTION MERCY HOSP			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 27-10		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 5200 HILWOOD AVE #14		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 7/15/96		9. AGE (in years last birthday) 65
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REAL ESTATE BROKER			10B. KIND OF BUSINESS OR INDUSTRY Realty Mart Inc.		11. BIRTHPLACE (State or foreign country) Miss
13. FATHER'S NAME John W. Richardson			14. MOTHER'S MAIDEN NAME Frances Spear		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. 213-14-8337		17. INFORMANT Hosp Records
			ADDRESS		

18. 200.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Lymphosarcoma DUE TO	INTERVAL BETWEEN ONSET AND DEATH 9 mos
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) _____ DUE TO	
		(C) _____ DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 6/19/52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **6/14/52**, 19**52**, to **6/19**, 19**52**, that I last saw the deceased alive on **6/19**, 19**52**, and that death occurred at **4:08 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE Charles R. [Signature]		23B. ADDRESS [Signature]		23C. DATE SIGNED 6/19/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE June 23, 1952	24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery	24D. LOCATION (City, town, or county) (State) Pikesville Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 21 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		
		25. FUNERAL DIRECTOR Henry W. Jenkins & Sons Co.		
		ADDRESS 5995 York Road 12 md		

MEDICAL CERTIFICATION

1952
47074

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426
52 5736CALLEGARY
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5736

Registered No. _____

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) <i>Ernest Callegary</i>		2. DATE OF DEATH <i>June 20, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Balto.</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2832 Ellicott Dr.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i> <i>16-07</i>			
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>2832 Ellicott Dr.</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Jan. 30, 1885</i>	9. AGE (In years last birthday) <i>67</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Barber</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Wm. Barber Shop</i>		11. BIRTHPLACE (State or foreign country) <i>Italy</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>?</i>		14. MOTHER'S MAIDEN NAME <i>?</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. _____		17. INFORMANT ADDRESS <i>Mr Raymond Callegary 425 St. Paul Pl</i>	
18. <i>157X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Pancreatic Carcinoma</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>chr. nephritis + Hypertension</i> DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>II</i>		CAUSE OF DEATH <i>Pancreatic Carcinoma</i> <i>chr. nephritis + Hypertension</i>		INTERVAL BETWEEN ONSET AND DEATH <i>about 6 mos.</i> <i>4 mos.</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>March 27, 1952</i> to <i>June 20, 1952</i> that I last saw the deceased alive on <i>June 20, 1952</i> and that death occurred at <i>7 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Michael A. Abene</i>		23B. ADDRESS <i>1820 Eutan place</i>		23C. DATE SIGNED <i>June 21, 1952</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>June 21, 52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>		24E. NAME OF CEMETERY OR CREMATORY <i>New Cathedral</i>		24F. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 22 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR ADDRESS <i>John J. Starksburg 2700 Edmondson Ave</i>	

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Name of Deceased		Sex		Age	
Date of Birth		Place of Birth		Usual Residence	
Date of Death		Place of Death		Cause of Death	
Time of Death		Manner of Death		Occupation	
Signature of Physician		Signature of Registrar		Signature of Informant	
Date of Registration		Place of Registration		County	
City		State		Zip	

52 5737

REA-70293

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5737

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Carrie Jockel		2. DATE OF DEATH June 20, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-12			
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) B. C. H. 4940 Eastern Avenue			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 1, 1896		9. AGE (In years last birthday) 56
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10B. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME John Jockel			
14. MOTHER'S MAIDEN NAME Elizabeth Kissner (Kessner)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) —			
16. SOCIAL SECURITY NO. NONE		17. INFORMANT ADDRESS Records: B. C. H. 4940 Eastern Avenue			

18. 196x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Hip		INTERVAL BETWEEN ONSET AND DEATH 1 year
(A) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-2 1941 to 6-20 1952 , that I last saw the deceased alive on 6-20 1952 , and that death occurred at 12:50P m., from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 6-20-52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/23/52		24C. NAME OF CEMETERY OR CREMATORY Meadow Ridge Cem.		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 22 1952		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR John T. Stansbury		ADDRESS 2700 Edmondson Ave	

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1901. 10. 10

1901. 10. 10

1901. 10. 10

52 5738

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5738

Registered No.

BIRTH NO. *Non Res*1. NAME OF DECEASED
(Type or Print)*JACOB JONES*2. DATE
OF
DEATH*JUNE 20, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION *CHILDRENS HOSPITAL SCHOOL*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MARYLAND

B. COUNTY

CECIL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

ELKTON

D. STREET ADDRESS (If rural, give location)

5734

c. Length of stay in Baltimore

7 yrs. 9 Mos. 16 Days

5. SEX

M

6. COLOR OR RACE

*W*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*S*

8. DATE OF BIRTH

Nov. 2, 1949

9. AGE (In years last birthday)

2

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

*MARYLAND MD.*12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

RAYMOND JONES

14. MOTHER'S MAIDEN NAME

MARY WILLIAMS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

MOTHER

ADDRESS

*ELKTON, MD.*18. *080-1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

PNEUMONIA

DUE TO

6 DAYS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

PARALYTIC POLIOMYELITIS

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from *MARCH 1*, 1952, to *JUNE 20*, 1952 that I last saw the deceased alive on *JUNE 20*, 1952, and that death occurred at *5:40 pm.*, from the causes and on the date stated above.

23A. SIGNATURE

Daniel L. Pratt

M. D.

23B. ADDRESS

CHILDRENS HOSPITAL SCHOOL

23C. DATE SIGNED

JUNE 20, 1952.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

June 21, 1952

24C. NAME OF CEMETERY OR CREMATORY

Elkton Catholic

24D. LOCATION (City, town, or county)

*Elkton**Md.*

(State)

DATE RECEIVED BY LOCAL REGISTRAR

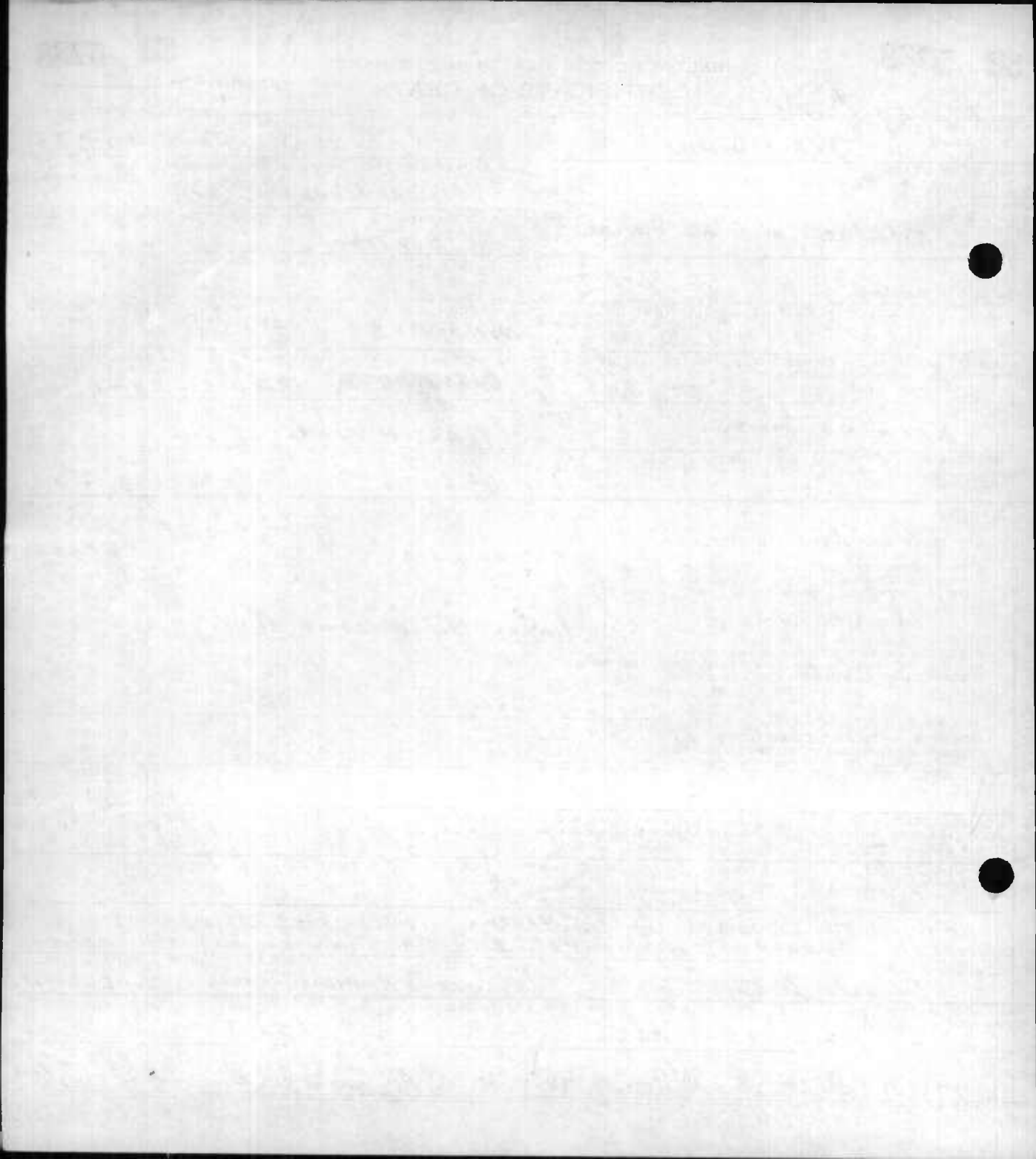
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

H. W. Phipps & Son Elkton, Md.



52 5739

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5739
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Robert Longes

2. DATE
OF
DEATH

6-7-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Washington, D.C.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 1905 47

9. AGE (In years last birthday)

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Watchman

10B. KIND OF BUSINESS OR INDUSTRY

Construction

11. BIRTHPLACE (State or foreign country)

Sumpter Co. S.C.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Ransom Longes

14. MOTHER'S MAIDEN NAME

Mary Long

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Henderson Reynolds 423 1/2 11th St

CAUSE OF DEATH

18. E982X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Stab wounds of Chest &

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Abdomen

(C)

Left Hemothorax

INTERVAL BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

June 7, 1952 5:35 p.m.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Stabbed - Sharp instrument

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

William V. Smith

23B. CHIEF MEDICAL EXAMINER

23C. DATE SIGNED

M.D. ASSISTANT MEDICAL EXAMINER

6-8-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

6-21-52

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

Washington D.C.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Barnes & Matthews 614-4th St S.W.

VS 151

N869.2

763 24

MEDICAL CERTIFICATION

1912-1-25

John J. Smith

John J. Smith

DEATH

John J. Smith

John J. Smith

John J. Smith

X

John J. Smith

X

1912-1-25

John J. Smith

5740-160301

BALTIMORE CITY HEALTH DEPARTMENT

52 5740

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 56-16207

1. NAME OF DECEASED
(Type or Print)

Dana Lee Horne

2. DATE
OF
DEATH

June 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION(If not in hospital or institution, give street address or location)
Baltimore City Hospitals
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

Baltimore

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)
Cockeysville

D. STREET ADDRESS (If rural, give location)

B.C.H. 4940 Eastern Avenue

6300

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

August 5, 1950

9. AGE (In years
last birthday)

1

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Babe

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Lucius Horne

14. MOTHER'S MAIDEN NAME

Grace Helms

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Records: B.C.H. 4940 Eastern Avenue

18. 571.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Diarrhoea Etiology

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 20, 1952, to June 21, 1952, that I last saw the
deceased alive on June 21, 1952, and that death occurred at 2:10 a.m., from the causes and on the date stated above.

23A. SIGNATURE

J. B. Egan

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

6-21-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

June 23, 1952

Burial

24C. NAME OF CEMETERY OR CREMATORY

Godfrey Family Burying Ground

24D. LOCATION (City, town, or county)

Cuba Rd. Cockeysville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

JUN 22 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John Burns Sons, Towson, Md.

520
52 5741BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5741
Registered No. 3698

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mattie Knox		2. DATE OF DEATH June-19-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1603 West Lawrence Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 76-03	
C. Length of stay in Baltimore 31 Yrs.		D. STREET ADDRESS (If rural, give location) 1603 West Lawrence Street	
5. SEX Female	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March-7-1907
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home	9. AGE (In years last birthday) 45
13. FATHER'S NAME George West		11. BIRTHPLACE (State or foreign country) Accomac Co. Virginia	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Bessie Dennis	
17. INFORMANT Roland Knox		ADDRESS 1603 West Lawrence St	

18. 592X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Ch. Nephritis DUE TO hypertension + arterio sclerosis	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH one year
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6-2-1952** to **6-19-1952** that I last saw the deceased alive on **6-19-1952** and that death occurred at **8 P. M.**, from the causes and on the date stated above.

23A. SIGNATURE Barbara Saunders	23B. ADDRESS 1029 N. Stricker St.	23C. DATE SIGNED 6-20-52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/24/1952	24C. NAME OF CEMETERY OR CREMATORY Shilo
24D. LOCATION (City, town, or county) Accomac Co. Va.		

DATE RECEIVED BY LOCAL REGISTRAR JUN 22 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Chas. B. Wilson, 1000 Brantly av
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52 5742

CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 5742
Registered No.

1. NAME OF DECEASED (Type or Print) ROBERT V. WILLIAMSON			2. DATE OF DEATH June 21, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-07		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2023 Lewellyn Ave.		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Sept. 4, 1904	9. AGE (In years last birthday) 45 47	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Puducuh, Kentucky		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Isaac Williamson			14. MOTHER'S MAIDEN NAME Florence Duiley		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT C. V. McLin, Dayton, Ohio		ADDRESS

CAUSE OF DEATH

18. **E982x**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Stab wound of chest involving heart
(A) DUE TO

ANTECEDENT CAUSES

(B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Chase and Bethel Sts.21D. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY
June 20, 1952 11:30 p.m.21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Stabbed during street fight

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

June 21, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

42
52 5743BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5743
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary A. Uebelacker

2. DATE
OF
DEATH

June 20/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3003 Pulaski Hwy

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

6-01

D. STREET ADDRESS (If rural, give location)

3003 Pulaski Hwy.

C. Length of stay in Baltimore

65 yrs.

5. SEX

Female

6. COLOR OR RACE

W.

7. SINGLE MARRIED.
WIDOWED, DIVORCED (Specify)

Widowed

Yrs.
Mos.
Days

8. DATE OF BIRTH

Jan 23-1876

9. AGE (In years
last birthday)

76

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Hergenroeder

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

3003

Mrs. Marie Arment Pulaski Hwy

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Hemorrhage

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO arterio-sclerosis

Unknown

(B) cerebral Hemorrhage

11 years

DUE TO Hypertension Cardio-Vascular

(C) disease

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 4, 1941, to June 20, 1952, that I last saw the deceased alive on June 20, 1952, and that death occurred at 2 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Philip Antogniani

M. D.

23B. ADDRESS

2942 E Fayette St.

23C. DATE SIGNED

6/21/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Philip Hergig Sons Orleans St

DATE 5/1/50

RECEIVED BY THE SECRETARY OF THE ARMY
OFFICE OF THE SECRETARY OF THE ARMY
WASHINGTON, D. C.

FILE NO. 100-100000

[Faint, mostly illegible handwritten text and stamps follow, including a large circular stamp on the right side.]

52 5744

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5744

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Pilgrim John H.

2. DATE
OF
DEATH

6-21-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

S B S H Bldg C

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

South Baltimore General Hosp.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Davis Ave. Arant Baltimore

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Conrad

Radio (n)

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Hester

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Helen Pilgrim, Davis Ave Arant

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Myocardial infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Coronary occlusion

(C) DUE TO

Hypertensive C-v-D arteriosclerotic

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Pulmonary Infarction

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORKNOT WHILE
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1-1952 to 6-21-1952 that I last saw the
deceased alive on 6-21-1952 and that death occurred at 4:42 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Yung-tsing Wong

M. D.

1213 Light Street

6-21-1952

24. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 22 1952

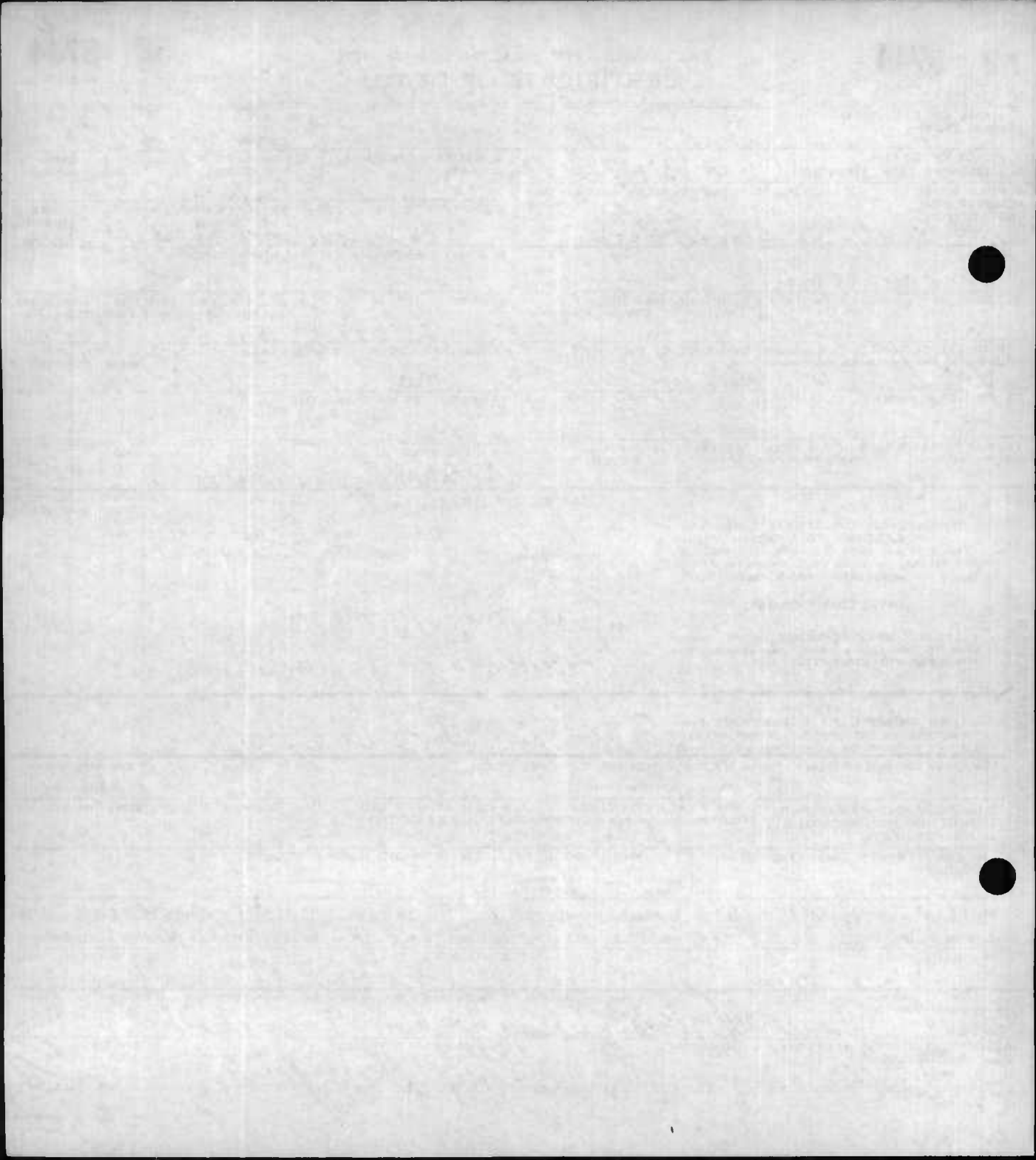
Huntington Williams

2024 Calumet St

VS 150

5923M

MEDICAL CERTIFICATION



645

52 5745

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5745

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ANNA PERLMAN		2. DATE OF DEATH 6-21-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Levendale		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-17	
C. Length of stay in Baltimore 48 Yrs. Mon. Days		D. STREET ADDRESS (If rural, give location) Levendale	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 87
9. AGE (In years last birthday)		10. UNDER 1 Year Months Days	11. UNDER 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Not known		14. MOTHER'S MAIDEN NAME not known	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Guine Flossman - 100 N Chester St		ADDRESS	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary thrombosis DUE TO arteriosclerosis DUE TO	CAUSE OF DEATH Coronary thrombosis arteriosclerosis	INTERVAL BETWEEN ONSET AND DEATH 3 weeks years
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 6-22-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from November 1940 to 6-21 , 19 52 , that I last saw the deceased alive on 6-21 , 19 52 , and that death occurred at 12:30 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Henry Nagel		23B. ADDRESS Levendale Home		23C. DATE SIGNED 6-21-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-22-52		24C. NAME OF CEMETERY OR CREMATORY Beth Isaac	
24D. LOCATION (City, town, or county) Baltimore		24E. (State) Md			
DATE RECEIVED BY LOCAL REGISTRAR JUN 22 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Jack Lewis	
				ADDRESS 2100 Canton Rd	

1952

2175

6-21-52

TEFL. WFL

1114

General Thompson 3 miles
Antioch, Tenn

15-5 15-5 15-5

12-15-5 12-15-5 12-15-5

15-5 15-5 15-5
12-15-5 12-15-5 12-15-5

620
52 5746MYERS
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5746
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Max Myers			2. DATE OF DEATH 20 June 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland <input checked="" type="checkbox"/>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital of Maryland, Inc.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 48 Yrs. <input checked="" type="checkbox"/> Mos. <input checked="" type="checkbox"/> Days			D. STREET ADDRESS (If rural, give location) 3340 Piedmont Ave. #16		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH ?	9. AGE (In years last birthday) 76	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Taylor			10B. KIND OF BUSINESS OR INDUSTRY —		
11. BIRTHPLACE (State or foreign country) Russia			12. CITIZEN OF WHAT COUNTRY? U.S.G.		
13. FATHER'S NAME Not Known			14. MOTHER'S MAIDEN NAME Not Known		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. —		
17. INFORMANT Israel Myers			ADDRESS 3306 Eglinton Pl.		
18. 527.1 and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cor pulmonale DUE TO Chronic emphysema DUE TO Diabetes mellitus			CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION —		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) —		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —	
21D. TIME (Month) (Day) (Year) (Hour) INJURY —		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? —	
22. I hereby certify that I attended the deceased from 19 June, 1952 to 20 June, 1952 , that I last saw the deceased alive on 20 June, 1952 , and that death occurred at 11:00 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE W. Henry R. Kremer		23B. ADDRESS Lutheran Hospital		23C. DATE SIGNED 20 June '52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/22/1952		24C. NAME OF CEMETERY OR CREMATORY Goodwill	
24D. LOCATION (City, town, or county) (State) Balto Md.		24E. FUNERAL DIRECTOR Huntington Williams		24F. ADDRESS 200 Eglinton Pl.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 22 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR —	

155

52 5747

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5747

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JACOB HOFFMAN

2. DATE
OF
DEATH

6-22-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4026 W. Cold Spring Lane

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

MD

B. COUNTY

15-10

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balt.

D. STREET ADDRESS (If rural, give location)

4026 W. Cold Spring Lane

c. Length of stay in Baltimore

55

Yrs.
Mths.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

7-5

9. AGE (In years last birthday)

75

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Lezer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Frank Hoffman - 3909 W. Cold Spring Lane

ADDRESS

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

1 hr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertensive Cardio Vasc Disease 10 yrs

10 yrs

(C) DUE TO

Chronic Myocarditic Endocarditis 10 yrs

10 yrs

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1950, to June 21, 1952, that I last saw the deceased alive on 6-21, 1952 and that death occurred at 8:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Sherry Abbott

M. D.

23B. ADDRESS

4509 Liberty Heights Ave

23C. DATE SIGNED

6-21-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/24/1952

24C. NAME OF CEMETERY OR CREMATORY

Berring Run

24D. LOCATION (City, town, or county)

Balto

(State)

Ref.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. Frank Lewis One 2100 Eutan Pl

25. FUNERAL DIRECTOR

ADDRESS

JUN 22 1952

VS 150

Abbott
4404 Springdale Ave

52 5748

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5748

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ella Edge

2. DATE
OF
DEATH June 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1604 Guilford Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

12-05

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1604 Guilford Avenue

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Feb. 14, 1870

9. AGE (In years, last birthday)

82

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Dover, Delaware

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. A. Hendrix, 1604 Guilford Avenue

18. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) *Cardiovascular disease*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.*gastroenteritis - (tube fed for no. of years and stomach)*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1942 to June 21, 1952, that I last saw the deceased alive on May 23, 1952, and that death occurred at 6.4 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

removal

24B. DATE

6/23/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross Cemetery

24D. LOCATION (City, town, or county)

Dover,

(State)

Delaware

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 22 1952

Huntington Williams, MD

Wm. Croft, Inc.

1217 St. Paul Street

165

52 5749

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5749
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Cecelia Agnes O'Brien (CECELIA AGNES O'BRIEN)</i>		2. DATE OF DEATH <i>Jan 20, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore City, Md</i>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore City</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Hospital for the Women of Md.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>9-03</i>	
c. Length of stay in Baltimore <i>?</i>		D. STREET ADDRESS (If rural, give location) <i>812 E 33rd St.</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Sept. 6, 1902</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Secretary</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Meat Packers</i>	9. AGE (In years; last birthday) <i>49</i>
11. BIRTHPLACE (State or foreign country) <i>Somerville, Mass.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Daniel J. Costello</i>		14. MOTHER'S MAIDEN NAME <i>Bridget Mullaney</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>NAKASAWA</i>		16. SOCIAL SECURITY NO. <i>?</i>	
17. INFORMANT <i>Almond</i>		ADDRESS	

18. <i>175x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Metastatic carcinoma</i>		CAUSE OF DEATH (A) <i>Metastatic carcinoma</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>Mar 1951</i> <i>1 year</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Primary Carcinoma, cervix, left</i>		(B) <i>Primary Carcinoma, cervix, left</i> DUE TO		<i>new tumor</i> <i>1 year</i>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) ...		
19A. DATE OF OPERATION <i>Feb 3, 1952</i>	19B. MAJOR FINDINGS OF OPERATION <i>Solid Papillary Carcinoma, cervix left - generalised metastatic</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>5-27-52</i> 19__, to <i>6-20-52</i> 19__, that I last saw the deceased alive on <i>6-20-52</i> 19__, and that death occurred at <i>9:35</i> m., from the causes and on the date stated above.				
23A. SIGNATURE <i>Robert M. D.</i>		23B. ADDRESS <i>Woman's Hosp - Baltimore</i>		23C. DATE SIGNED <i>6-20-52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>6/23/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Maryland</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 22 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Wm. Crook, Inc., 1217 St. Paul St.</i>

35040

VALUET

CONGRES

SECOND

OF

THE

UNITED STATES

OF AMERICA

IN SENATE

1862

WASH DC

PRINTED

BY

WILLIAM

WORTH

200
52 5750BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5750
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY A. BAKIE

2. DATE
OF
DEATH

JUNE 21, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3812 PLEASANT PLACE

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

FEMALE WHITE

MARRIED

JULY 18, 1883

68

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

WM. SLENBAKER

14. MOTHER'S MAIDEN NAME

CATHERINE ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS PLACE

JOSEPH D. BAKIE - 3812 PLEASANT

18.

331X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Cerebral Hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

Instant

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerosis

?

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 21, 1952, to June 21, 1952, that I last saw the
deceased alive on June 21, 1952 and that death occurred at 11:45 m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 22 1952

Huntington Williams, M.D. & Sonoran - 3818 Roland Ave.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Florence G. Lukanich

2. DATE
OF
DEATH

6-20-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTEDoctors Hospital
2724 N. Charles Street

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE
MarylandB. COUNTY
CityC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1422 Holbrook Street

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3-24-1906

9. AGE (In years
last birthday)

46

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

2 26

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
U.S.A. COUNTRY?

U.S.A.

13. FATHER'S NAME

George B. Hoggson

14. MOTHER'S MAIDEN NAME

Katherine Klein

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL
SECURITY NO.

218-05-0619

17. INFORMANT ADDRESS
Mr. Albert D. Lukanich-1422 Holbrook St
Baltimore Md.

18. 330X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

DUE TO

(A) Subarachnoid Hemorrhage.

2 days.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Aneurysm, cong. Circle of Willis

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-18, 1952, to 6-20, 1952, that I last saw the
deceased alive on 6-20, 1952, and that death occurred at 3:45 a. m., from the causes and on the date stated above.

23A. SIGNATURE

M. O.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

6-23-1952

Most Holy Redeemer

Belair Rd. Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 22 1952

Huntington Williams, M.D.

George J. Ruth, Inc. - 1735 Harford Avenue

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

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52 5752

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5752

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Henry With

2. DATE OF DEATH JUN 22 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland May 3

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md. B. COUNTY Prince George's

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

HYATTSVILLE

D. STREET ADDRESS (If rural, give location)

2300 Drexel Ave. 6636

c. Length of stay in Baltimore

2

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

7-18-'87

9. AGE (in years last birthday)

65

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10a. KIND OF BUSINESS OR INDUSTRY

Florist Wholesale Business

11. BIRTHPLACE (State or foreign country)

Hamburg Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Martin T. With

14. MOTHER'S MAIDEN NAME

Margaret Ruge

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

None

16. SOCIAL SECURITY NO.

None

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Myocardial Infarction

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-21-1952 to 6-22-1952, that I last saw the deceased alive on 6-22-1952, and that death occurred at 5:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE

RE Wells

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

6-22-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/25/1952

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cemetery Suitland-Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J. Lee's Sons Co.

JUN 23 1952

VS 150

5 29868

536 01-94 th St N.E. Washington D.C.

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

PATRONED BY HEALTH DEPARTMENT

1900

Unrecorded

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
NEW YORK CITY

DATE OF DEATH
PLACE OF DEATH
CAUSE OF DEATH

1900

25
52 5753

52 5753

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Dora

Johnson

2. DATE

OF

DEATH

June-20-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2001 West Lexington Street

Yrs.

Mos.

Days

C. Length of stay in Baltimore 10 Months

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

17. INFORMANT

ADDRESS

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

None

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1952 to June 20, 1952, that I last saw the
deceased alive on June 19, 1952, and that death occurred at 1:45 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

6/24/1952

Hamilton Cemetery

Dillon S.C.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

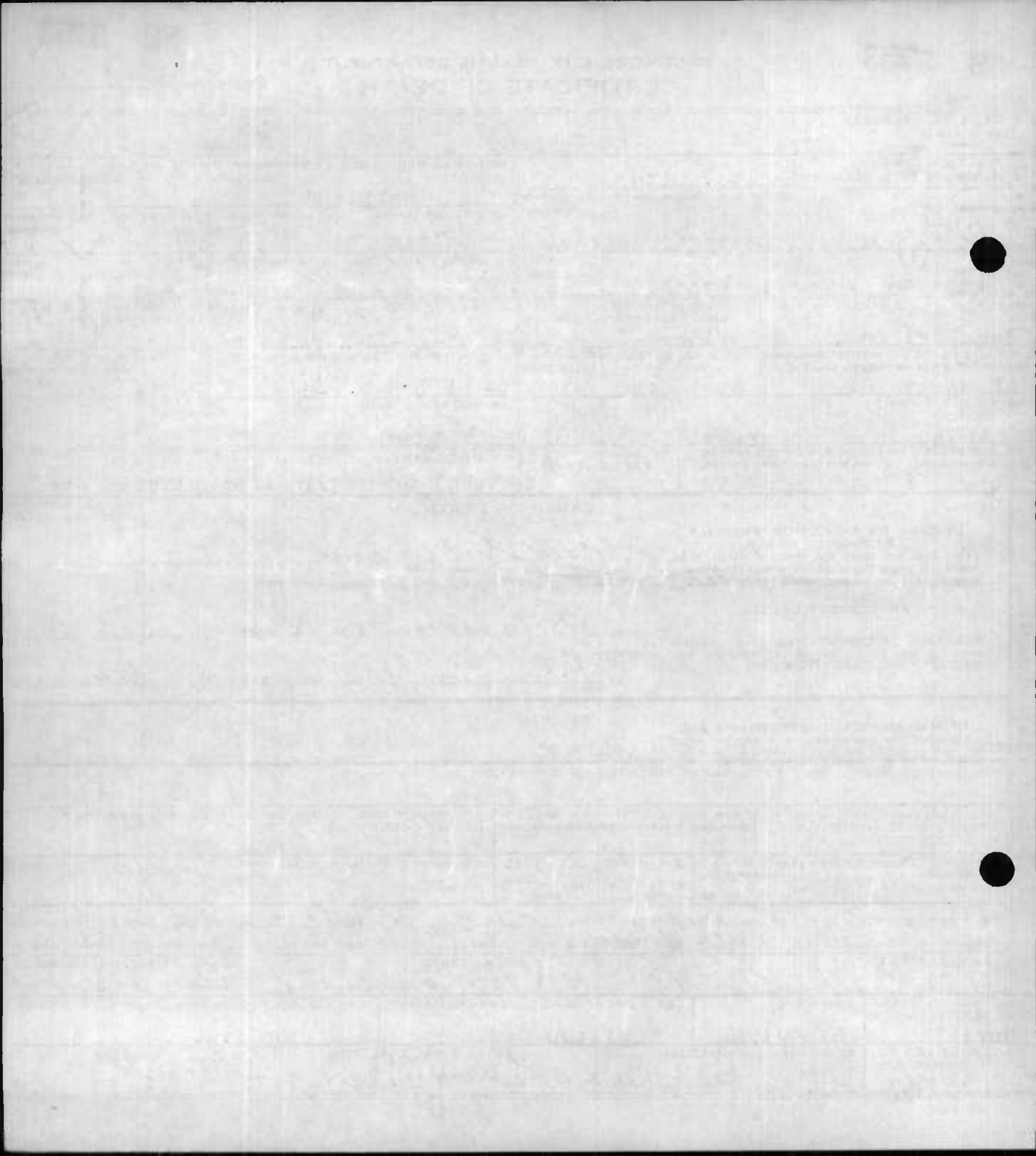
ADDRESS

JUN 23 1952

Huntington Williams

M. Choy Wilson

1000 Brantley Ave



52 5754

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5754

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BARNEY

POWELL

2. DATE
OF
DEATH

June 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Johns Hopkins Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

1904

9. AGE (In years
last birthday)

47

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Gen.

11. BIRTHPLACE (State or foreign country)

Whiteville N.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Nick Powell

14. MOTHER'S MAIDEN NAME

Polly Ann Dickson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Isaac Powell 228 N. Arlington Ave

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Far advanced pulmonary tuberculosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Lovett

M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

June 20, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 23 1952

Huntington Williams, M.D.

Mrs. Kate R. Williams, Schermer St.

VS 151

97099

MEDICAL CERTIFICATION

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

101

101

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of coroner		11. Signature of jury		12. Signature of witnesses	
13. Signature of undertaker		14. Signature of funeral home		15. Signature of cemetery		16. Signature of burial place	
17. Signature of interment		18. Signature of cremation		19. Signature of disposition		20. Signature of final disposition	
21. Signature of final disposition		22. Signature of final disposition		23. Signature of final disposition		24. Signature of final disposition	
25. Signature of final disposition		26. Signature of final disposition		27. Signature of final disposition		28. Signature of final disposition	
29. Signature of final disposition		30. Signature of final disposition		31. Signature of final disposition		32. Signature of final disposition	
33. Signature of final disposition		34. Signature of final disposition		35. Signature of final disposition		36. Signature of final disposition	
37. Signature of final disposition		38. Signature of final disposition		39. Signature of final disposition		40. Signature of final disposition	
41. Signature of final disposition		42. Signature of final disposition		43. Signature of final disposition		44. Signature of final disposition	
45. Signature of final disposition		46. Signature of final disposition		47. Signature of final disposition		48. Signature of final disposition	
49. Signature of final disposition		50. Signature of final disposition		51. Signature of final disposition		52. Signature of final disposition	
53. Signature of final disposition		54. Signature of final disposition		55. Signature of final disposition		56. Signature of final disposition	
57. Signature of final disposition		58. Signature of final disposition		59. Signature of final disposition		60. Signature of final disposition	
61. Signature of final disposition		62. Signature of final disposition		63. Signature of final disposition		64. Signature of final disposition	
65. Signature of final disposition		66. Signature of final disposition		67. Signature of final disposition		68. Signature of final disposition	
69. Signature of final disposition		70. Signature of final disposition		71. Signature of final disposition		72. Signature of final disposition	
73. Signature of final disposition		74. Signature of final disposition		75. Signature of final disposition		76. Signature of final disposition	
77. Signature of final disposition		78. Signature of final disposition		79. Signature of final disposition		80. Signature of final disposition	
81. Signature of final disposition		82. Signature of final disposition		83. Signature of final disposition		84. Signature of final disposition	
85. Signature of final disposition		86. Signature of final disposition		87. Signature of final disposition		88. Signature of final disposition	
89. Signature of final disposition		90. Signature of final disposition		91. Signature of final disposition		92. Signature of final disposition	
93. Signature of final disposition		94. Signature of final disposition		95. Signature of final disposition		96. Signature of final disposition	
97. Signature of final disposition		98. Signature of final disposition		99. Signature of final disposition		100. Signature of final disposition	

52 5755

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5755

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MRS. LILLIAN M. MORAN

2. DATE
OF
DEATH

June 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 415 N. Kenwood Ave.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

415 N. Kenwood Ave.

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

June 14, 1882

9. AGE (in years
last birthday)

70

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Charles Simpson

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
none

17. INFORMANT

Edward J. L. Moran, husband, above

ADDRESS

18. 175X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Tonic Absorption

DUE TO

5 days.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Carcinoma right ovary

DUE TO

1 year.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

November 29, 1951

19B. MAJOR FINDINGS OF OPERATION

Papillary serous cystadenocarcinoma of right ovary

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., if or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JANUARY 25, 1952, to JUNE 20, 1952, that I last saw the
deceased alive on JUNE 20, 1952, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Michael J. Dausch

M. D.

23B. ADDRESS

4636 Belair Road

23C. DATE SIGNED

6-20-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 23, 1952

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county)

4300 Old Frederick Rd. Balto. Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc.

ADDRESS

2601-3-5 E. Madison St.

JUN 23 1952

VS 150

9520-5752

MEDICAL CERTIFICATION

100

350
52 5756BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5756

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) SYMMES Mary Livermore Lawton			2. DATE OF DEATH June 21, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Woman's Hospital			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore City		
B. FULL NAME OF HOSPITAL OR INSTITUTION Hospital for the Women of Maryland			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City 11-02		
c. Length of stay in Baltimore containing abt. 43			D. STREET ADDRESS (If rural, give location) 119 W. La Fayette Ave		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	B. DATE OF BIRTH July 5, 1882		9. AGE (in years last birthday) 69
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Receptionist		10B. KIND OF BUSINESS OR INDUSTRY Woman's Hospital	11. BIRTHPLACE (State or foreign country) Medford, Mass.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Arthur C. Symmes			14. MOTHER'S MAIDEN NAME Catherine Bates		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 219-30-7782	17. INFORMANT ADDRESS Hospital records		

18. **175X** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Adenocarcinoma, left ovary with generalized metastasis. INTERVAL BETWEEN ONSET AND DEATH **2 yrs.**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Malnutrition, secondary anemia

19A. DATE OF OPERATION 1		19B. MAJOR FINDINGS OF OPERATION Adenocarcinoma, left ovary.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **June 16, 1952** to **June 21, 1952** that I last saw the deceased alive on **June 20, 1952** and that death occurred at **1:40 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE M.D. S. J. Lee		23B. ADDRESS Hospital for the Women of Maryland		23C. DATE SIGNED June 21, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 23, 1952		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery	
DATE RECEIVED BY LOCAL REGISTRAR JUN 23 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Stewart & Mowbray Co.	
				ADDRESS 108 W. North Ave. City #1	

452
52 5757BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5757
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAMS, LILLIAN L.

2. DATE
OF
DEATH

JUNE 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution - residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

32 years

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

August-2-1888

9. AGE (in years
last birthday)

65

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Saleslady

10B. KIND OF BUSINESS OR
INDUSTRY

Hochschild-Kohn Co.

13. FATHER'S NAME

James Lindell (Depr Juv)

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Rachel Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

218-14-6064

17. INFORMANT

Thomas J. Williams (husband)

ADDRESS

3009 Bayonne Ave

18. 154X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Carcinoma of rectum
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

June 13, 1952

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of rectum

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 23, 1952, to June 21, 1952, that I last saw the
deceased alive on June 21, 1952, and that death occurred at 5:00 pm., from the causes and on the date stated above.

23A. SIGNATURE

Robert A. Moore, Jr.

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

June 21, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 24/52

24C. NAME OF CEMETERY OR CREMATORY

Oak Ridge Cemetery

24D. LOCATION (City, town, or county)

Shuttenkill, Ohio

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Stewart & Mowen Co.

ADDRESS

108 W. North Ave

JUN 23 1952

VS 150

49062754

Balto. #1, Md.

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

STATE OF OHIO

CERTIFICATE OF DEATH

300

52 5758

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5758

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Joseph Scott.</u>			2. DATE OF DEATH <u>6-22-52</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Maryland General Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>21-01</u>		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>910 Ridgely St.</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 6, 1905</u>		9. AGE (In years, last birthday) <u>47</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chemist</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Mutual Chemical</u>	11. BIRTHPLACE (State or foreign country) <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>Joseph Scott</u>			14. MOTHER'S MAIDEN NAME <u>Unknown</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>W-W-1</u>	17. INFORMANT <u>Joseph Scott</u>		
			ADDRESS <u>910 Ridgely St.</u>		

18. <u>163X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) <u>Carcinoma of lung</u> DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) _____ DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) _____	

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>—</u>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>—</u>	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>—</u>	

22. I hereby certify that I attended the deceased from 6-11, 1952, to 6-22, 1952, that I last saw the deceased alive on 6-22-52, 1952, and that death occurred at 1¹⁵ A m., from the causes and on the date stated above.

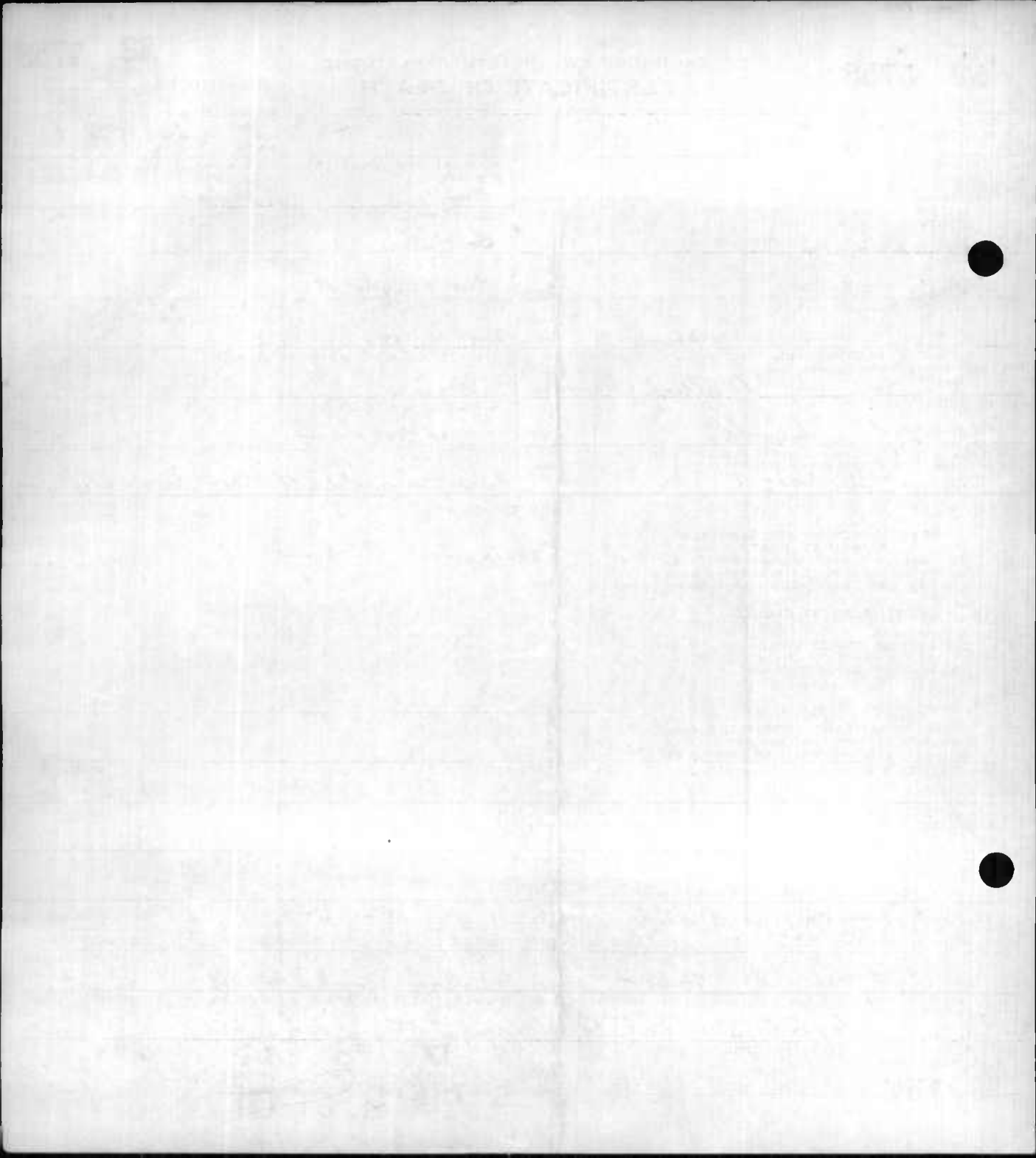
23A. SIGNATURE <u>Frank D. Hawk</u>	23B. ADDRESS <u>Maryland General Hospital</u>	23C. DATE SIGNED <u>6-22-52</u>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>6/25/52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Mt Auburn Ct</u>	24D. LOCATION (City, town, or county) (State) <u>Baltimore</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 28 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams</u>	25. FUNERAL DIRECTOR <u>1082</u>	ADDRESS <u>1082 W. Montgomery St</u>

VS 150

007 4R

MEDICAL CERTIFICATION



52 5759

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5759

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Franklin Jones

2. DATE
OF
DEATH

June 19/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

327 S. Payson St

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

327 S. Payson St

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 8, 1867

9. AGE (In years last birthday)

85

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Gold Guilder-

10B. KIND OF BUSINESS OR

INDUSTRY

Niepold

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

-----Jones

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mrs. Emma Jonse, 327 S. Payson St

18. 453.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Left Cerebral Hemorrhage

DUE TO

10 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Buerger's disease

DUE TO

15 yrs.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/10, 1952 to 6/19, 1952, that I last saw the deceased alive on 6/19, 1952 and that death occurred at 11 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

336 Frederick St

6/19/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 23/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Pk.

24D. LOCATION (City, town, or county) (State)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

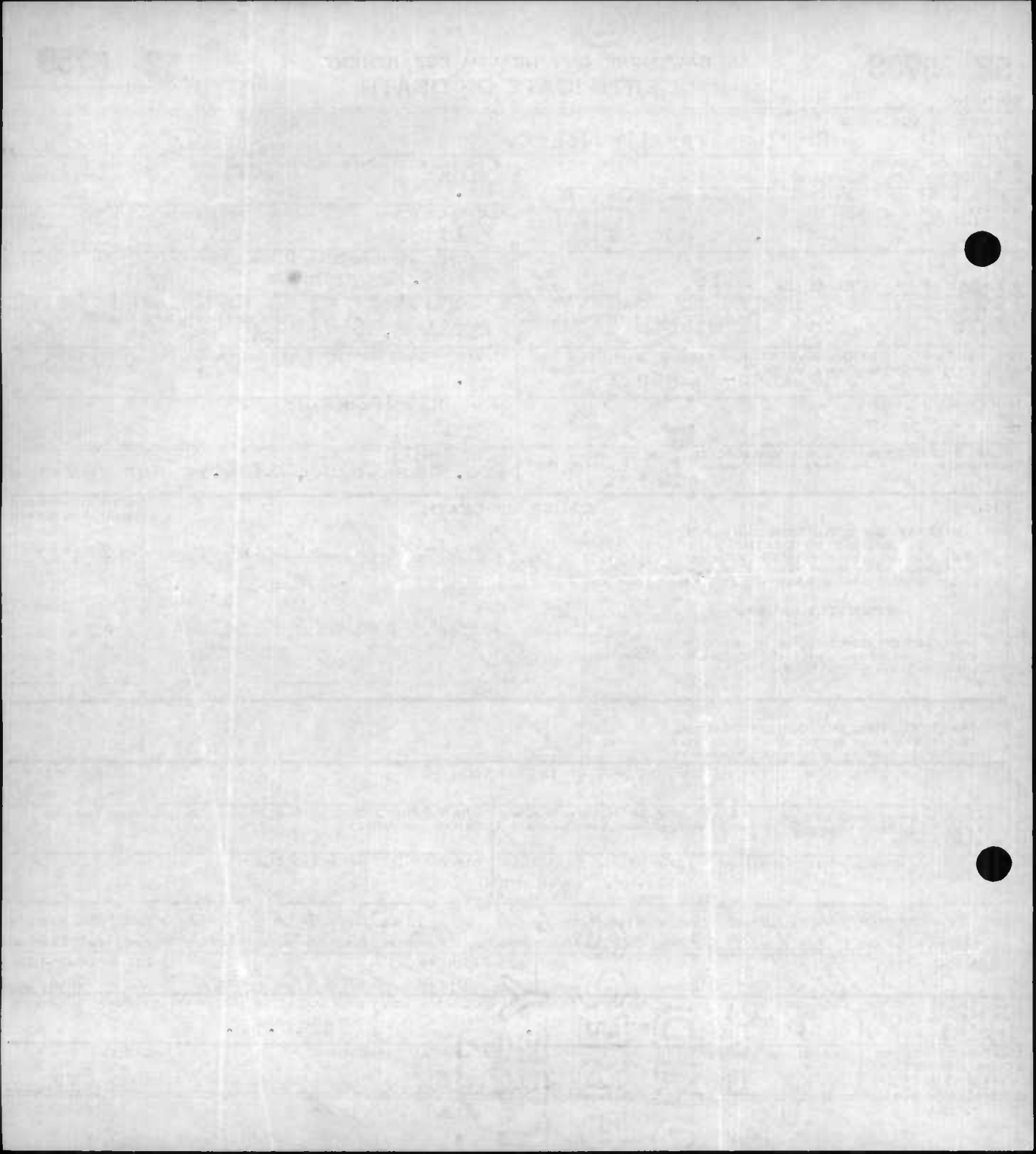
ADDRESS

JUN 28 1952

Huntington Williams

4101 Edmondson Ave

4101 Edmondson Ave



626

52 5760

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5760

1. NAME OF DECEASED (Type or Print) ALEXANDER BRAGER			2. DATE OF DEATH JUNE 22, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) LUTHERAN HOSPITAL OF MD.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 15-13		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 2614 OSWEGO ST. #15		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 25, 1988		9. AGE (In years last birthday) 64
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REAL ESTATE OWNER			10B. KIND OF BUSINESS OR INDUSTRY REAL ESTATE		11. BIRTHPLACE (State or foreign country) RUSSIA
13. FATHER'S NAME ALEXANDER BRAGER			14. MOTHER'S MAIDEN NAME Kiva		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT WIFE			ADDRESS SAME		

18. 42011 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ACUTE MYOCARDIAL INFARCTION		INTERVAL BETWEEN ONSET AND DEATH 4 DAYS
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (B)		
(C)		
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **JUNE 20, 1952**, to **JUNE 22, 1952**, that I last saw the deceased alive on **JUNE 22, 1952** and that death occurred at **11:08 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE **Marian S. Daly** M. D. 23B. ADDRESS **Hutcheon Hosp. of Md.** 23C. DATE SIGNED **June 22, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/23/1952	24C. NAME OF CEMETERY OR CREMATORY Rosedale	24D. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR JUN 23 1952	REGISTRAR'S SIGNATURE Huntington Williams, MD.	25. FUNERAL DIRECTOR John L. Lewis, Inc.	
VS 150		ADDRESS 72100 Eutan Pl.	

47074

MEDICAL CERTIFICATION

58 1160

CERTIFICATE OF DEATH

58 1160

Blank certificate form with faint horizontal lines and two punch holes on the right side.

52 5761

SCHARINGER
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5761
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Ida Scharinger		June 20, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) STATE		B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		D. STREET ADDRESS (If rural, give location)	
6614 Fairdel Ave		Md		Balto. 27-05	
c. Length of stay in Baltimore		60-Yrs. Mos. Days		6614 Fairdel Ave	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months: Days
F	W	Widowed	Nov 3-1866	85	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		own Home		Germany	U.S.A.
13. FATHER'S NAME		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
John Kowalski		NONE		Miss Anna Scharinger 6614 Fairdel Ave	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
NO		NONE		Miss Anna Scharinger 6614 Fairdel Ave	
18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO		Cerebral thrombosis		1 day	
ANTECEDENT CAUSES		(B) DUE TO		Arterio Sclerosis 3 yrs	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) DUE TO		Hypertension 3 yrs	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 12, 1952, to June 20, 1952, that I last saw the deceased alive on June 20, 1952, and that death occurred at 7:00 m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Edith Scharinger		1400 Oak Lawn Ave		6/21/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		6/24/52		Oak Lawn Cem	
24D. LOCATION (City, town, or county)		24E. DATE SIGNED		24F. ADDRESS	
Balto Md		6/21/52		1400 Oak Lawn Ave	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
JUN 23 1952		Huntington Williams, M.D.		Dasschen Funeral Home 7401 Belair Rd	

1972 92

STANDARD SOCIETY OF AMERICA

1972 92

STANDARD SOCIETY OF AMERICA

613

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

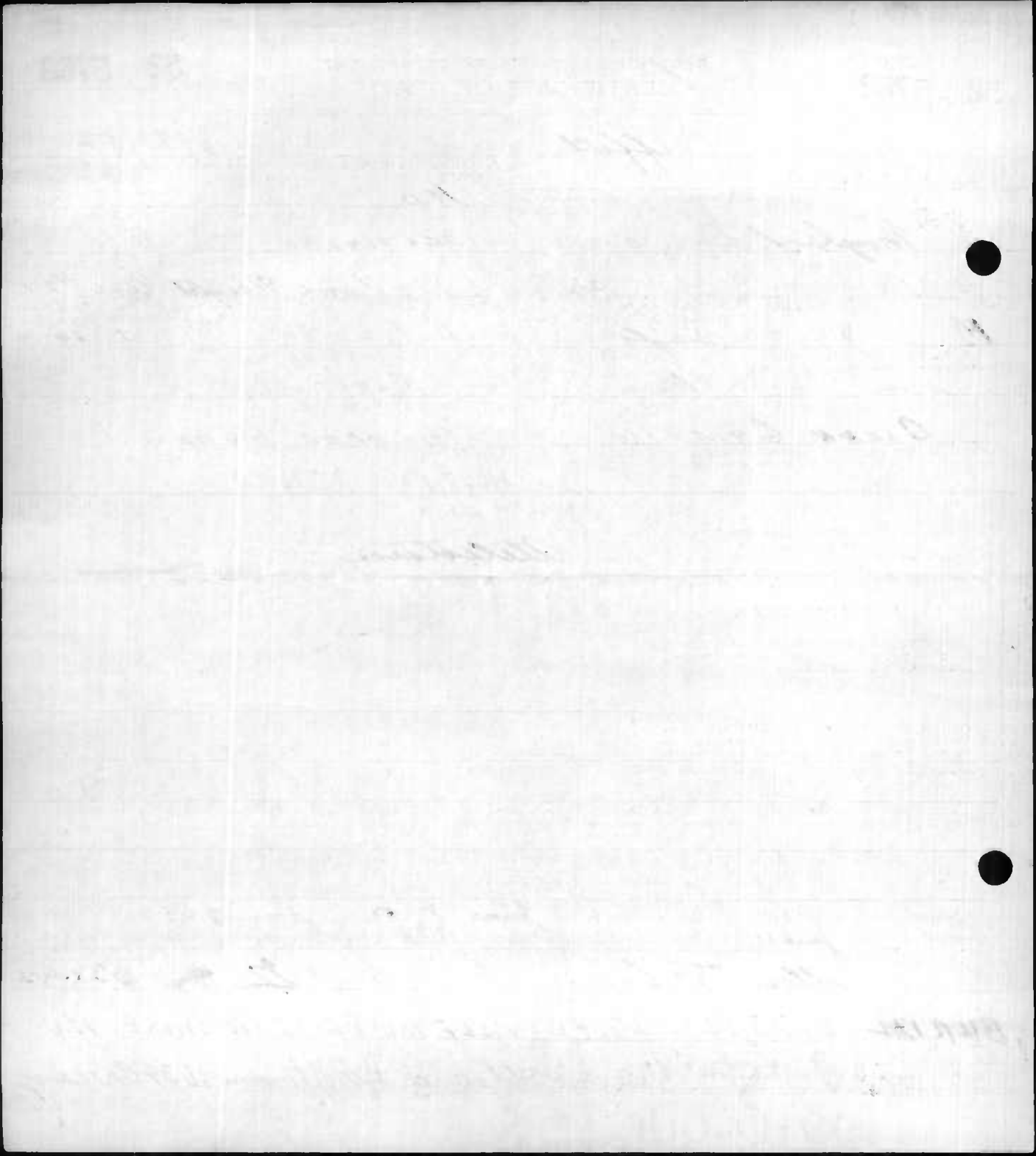
Registered No. 52 5762

BIRTH NO. 52 5762 52-14372

1. NAME OF DECEASED (Type or Print) <i>Baby Boy Griffith</i>		2. DATE OF DEATH <i>6/21/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution's residence before admission) A. STATE <i>MD</i> B. COUNTY <i>BALTIMORE</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland Gen. Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE</i>	
c. Length of stay in Baltimore <i>24</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1042 Pine Height Ave #29</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>6/18/32</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>None</i>	9. AGE (In years, last birthday) <i>20</i> Months: Days: Hours: Min.
11. BIRTHPLACE (State or foreign country) <i>MARYLAND</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>GLENN GRIFFITH</i>		14. MOTHER'S MAIDEN NAME <i>HILDED POWELL</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>HOSPITAL RECORDS</i>		ADDRESS	

18. <i>762.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Atelantia</i> DUE TO CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>June 18, 1952</i> , to <i>June 21, 1952</i> , that I last saw the deceased alive on <i>June 21, 1952</i> , and that death occurred at <i>12:30</i> a.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>William F. Bass</i> M.D.		23B. ADDRESS <i>Maryland 22</i>		23C. DATE SIGNED <i>6/21/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>6/23/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>SUDLERSVILLE MD</i>	
24D. LOCATION (City, town, or county) <i>EASTERN SHORE MD</i>		24E. STATE <i>MD</i>		25. FUNERAL DIRECTOR ADDRESS <i>Huntington Williams, Midland P. Hoffmann 1639 Broadway</i>	



52 5763

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5763

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MORRIS B. GOHN			2. DATE OF DEATH June 19, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-05		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 901 N. Bentalou Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 3, 1878	9. AGE (In years last birthday) 73	10. Under 1 Year Months: Days: 11 Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Confectionary Store		10B. KIND OF BUSINESS OR INDUSTRY Self Employed	11. BIRTHPLACE (State or foreign country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME ?			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT ADDRESS Olive Gohn, 901 N. Bentalou Street		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease (A) Arteriosclerotic cardiovascular disease	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary occlusion (B) Coronary occlusion		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Myocardial infarct (C) Myocardial infarct		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE *William J. Gork* 23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ 23C. DATE SIGNED June 20, 1952
M.D. MEDICAL INVESTIGATOR ☐

24A. BURIAL, CREMATION, REMOVAL (Specify) burial 24B. DATE 6/23/52 24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery 24D. LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR JUN 23 1952 REGISTRAR'S SIGNATURE *Huntington Williams, M.D.* 25. FUNERAL DIRECTOR *Wm Gork, Inc.* ADDRESS 1217 St. Paul Street

VS 151

2906A

MEDICAL CERTIFICATION

254
52 5764

CERTIFICATE CORRECTED 7-10-52

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5764
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Viola May Kuszman

2. DATE
OF
DEATH

6/24/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

740 Melville Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

9-03

D. STREET ADDRESS (If rural, give location)

740 Melville Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

11/9/1904

9. AGE (In years last birthday)

48

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Frank A. Younger

14. MOTHER'S MAIDEN NAME

Lydia Ann Sparwasser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Emory E. Kuszman

ADDRESS

740 Melville Ave

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Acute Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH

2-6 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Cardio-vascular-renal 10 yrs.

DUE TO

(C)

Hypertension Arteriosclerosis Myocarditis Valvular Disease Nephritis

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

WHILE AT

WORK ☐

NOT WHILE

AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1939, to 20 Jan, 1952, that I last saw the deceased alive on 19 Jan, 1952 and that death occurred at 12:00 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Blanche Hopper

M. D.

23B. ADDRESS

3534 Glenview Ave

23C. DATE SIGNED

21 Jan 52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

6/24/52

24C. NAME OF CEMETERY OR CREMATORY

Moreland Park

24D. LOCATION (City, town, or county)

Parkville Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm Cook Inc. 1217 St. Paul St.

VS 150

19952000576

52 5765

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5765
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) William Bishop		2. DATE OF DEATH June 19, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1213 Druid Hill Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 11-04	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1213 Druid Hill Ave.	
5. SEX Male c	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH ?
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butler		9. AGE (In years last birthday) 80 -	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Horace Tingle		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME Jane Bishop	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Mary Bishop 1213 Druid Hill	

18. **421.1 and 153X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO
Arteriosclerosis + Hypertension

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
Arteriosclerosis + Ca - colon ?

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **5-6-47**, 19__, to **6-19**, 19**52** that I last saw the deceased alive on **6-19**, 19**52**, and that death occurred at **2 P.** m., from the causes and on the date stated above.

23A. SIGNATURE Long E. H. H. H.	23B. ADDRESS 2224 Modest Ave.	23C. DATE SIGNED 6-21-52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6-23-52	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
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DATE RECEIVED BY LOCAL REGISTRAR JUN 23 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR W. Francis C. Hunsley	ADDRESS
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512
52 5766

CERTIFICATE CORRECTED 6-27-52

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 5766

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		GAETANO MANFUSO		2. DATE OF DEATH JUNE 21, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 5907 Belair Road				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-01			
c. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location) 5907 Belair Road			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Apr. 9, 1872		9. AGE (in years last birthday) 80	10. Under 1 Year Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fruit Business		10B. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (State or foreign country) Naples, Italy		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John Manfuso				14. MOTHER'S MAIDEN NAME ?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Elizabeth Most, 5907 Belair Rd.			
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Cardiac Failure ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive Cardis. Vascular Auricular Fibrillation II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH 2 week. year. year.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 1946 to June 21, 1952 that I last saw the deceased alive on June 20, 1952 and that death occurred at 2 A m., from the causes and on the date stated above.							
23A. SIGNATURE William L. Leary		M. D.		23B. ADDRESS 3025 Belair Road		23C. DATE SIGNED 6-21-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/24/52		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR JUN 23 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Road.			

52 5767

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 5767

BIRTH NO. 52-14959

1. NAME OF DECEASED
(Type or Print)

BABY GIRL BERTHING

2. DATE
OF
DEATH

JUNE 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

LUTHERAN HOSPITAL OF MD.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MARYLAND

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

5300

D. STREET ADDRESS (If rural, give location)

3000 EDGEWOOD AVENUE #14

c. Length of stay in Baltimore

ONE

Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

JUNE 19, 1952

9. AGE (In years,

last birthday)

10. Under 1 Year

Months: Days

1/1

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

INFANT

10B. KIND OF BUSINESS OR INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

HERMAN H. BERTHING

14. MOTHER'S MAIDEN NAME

MIRIAM BURKHART

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

MOTHER

ADDRESS

SAME

18. 776X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

PREMATURITY

1 hr 8 1/2 m.

BIRTH

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE 19, 1952 to JUNE 21, 1952, that I last saw the deceased alive on JUNE 21, 1952, and that death occurred at 7:40 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 23 1952

Huntington Williams, M.D.

J. Kuck

5305 Bayford Rd

535

52 5768

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5768

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
ALFRED J. GUNTENSBERGER		June 19, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
1701 Dundalk Ave.		A. STATE Md.	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
		Baltimore 26-36	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	
		1701 Dundalk Ave.	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
Male	White	Married	July 20, 1882
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday)
Retired		Draftsman	69
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country)	
Alfred Guntensperger		Switzerland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY?	
No		U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME	
215-10-9179		Crescentia Schenk	
17. INFORMANT		ADDRESS	
Mary D. Guntensperger		1701 Dundalk Ave.	
18. 260X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
ANTECEDENT CAUSES		Coronary Thrombosis	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		Diabetes mellitus	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
		1 day	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		20. AUTOPSY?	
		YES <input type="checkbox"/> NO <input type="checkbox"/>	
21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from Jan 1952 to July 19, 1952 that I last saw the deceased alive on July 18, 1952, and that death occurred at 6:50 P.M. from the causes and on the date stated above.			
23A. SIGNATURE		23B. ADDRESS	
E. H. Andrew		33 Dundalk Ave Dundalk	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
Burial		June 23, 1952	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Oak Lawn Cemetery		7225 Eastern Ave. Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR ADDRESS	
JUN 23 1952		Huntington Williams, Mr. Charles S. Jailer 901 S. Conkling St.	

4 2 1

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52 5769

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5769

Registered No.

1. NAME OF DECEASED (Type or Print) <i>Rosa Cacace</i>		2. DATE OF DEATH <i>June 20 1952</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>MD</i> b. COUNTY <i>MD</i>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>Doctor Hospital</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore Maryland</i>	
c. Length of stay in Baltimore <i>Life</i>		d. STREET ADDRESS (If rural, give location) <i>2914 E. Pratt Street</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Dec. 4, 1883</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	9. AGE (In years last birthday) Months: Days <i>68</i>
11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>James V. Kimbel</i>		14. MOTHER'S MAIDEN NAME <i>Rosanna W. Roten</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT <i>Mr. Joseph F. Cacace</i>		17. INFORMANT <i>2914 E. Pratt Street</i>	
18. <i>170X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO <i>Pulmonary Embolism</i> ANTECEDENT CAUSES <i>Known Carcinoma of Breast Right</i> DUE TO <i>Known Carcinoma of Breast Right</i> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <i>6/18/52</i>		19b. MAJOR FINDINGS OF OPERATION <i>Known Adenoma Rk.</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21d. HOW DID INJURY OCCUR?	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>June 1</i> , 19 <i>52</i> , to <i>June 20</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>June 20</i> , 19 <i>52</i> , and that death occurred at <i>10:30</i> m., from the causes and on the date stated above.			
23a. SIGNATURE <i>William J. Dunbar</i>		23b. ADDRESS <i>2711 Carter Ave.</i>	
23c. DATE SIGNED <i>6/20/52</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24b. DATE <i>6/23/52</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Lorraine Park Cem.</i>		24d. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 28 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>HENRY SANDER & SONS, INC.</i>		ADDRESS <i>BALTO. 13, Md.</i>	

0870

25

RECEIVED BY THE U.S. DEPARTMENT OF THE ARMY
CENTRAL RECORDS DIVISION

0870

25

UNITED STATES DEPARTMENT OF THE ARMY
CENTRAL RECORDS DIVISION
WASHINGTON, D. C. 20315

STATE OF TEXAS

THE STATE OF TEXAS, COUNTY OF DALLAS, do hereby certify that the within and foregoing is a true and correct copy of the original as the same appears in the records of the County of Dallas, State of Texas.

II

WITNESSED my hand and the seal of the County of Dallas, State of Texas, this 1st day of May, 1964.

CLERK OF THE COUNTY OF DALLAS, TEXAS

1964

452
52 5770BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5770
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Robert Williams</i>			2. DATE OF DEATH <i>6-21-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>10-02</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Johns Hopkins Hospital</i>			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Ba/to.</i>		
7. Length of stay in Baltimore			8. STREET ADDRESS (If rural, give location) <i>824 Sansonset St</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Divorced</i>	9. AGE (in years last birthday) <i>31</i>	10. DATE OF BIRTH <i>Aug. 13, 1920</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>			11. BIRTH PLACE (State or foreign country) <i>Gastonia N.C.</i>		
10B. KIND OF BUSINESS OR INDUSTRY <i>Gen.</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>Angie Williams</i>			14. MOTHER'S MAIDEN NAME <i>Etzel Herndon</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Martin Funeral Home</i>			ADDRESS <i>N.C.</i>		

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

18. *E 982X*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Stab wound of Neck

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Laceration of Rt. Jugular vein

DUE TO

(C)

*Air Embolus*II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Street</i>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>900 Bloch. W. Gay St.</i>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>Found 6-21-52 5PM</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <i>Stabbed - sharp instru.</i>	
22. I certify that I took charge of the remains described above, held an <i>Autopsy</i> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William W. Smith</i>		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <i>6-22-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24B. DATE <i>6/23/1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Gastonia N.C.</i>	
24D. LOCATION (City, town, or county) (State) <i>Gastonia N.C.</i>		24E. NAME OF CEMETERY OR CREMATORY <i>Gastonia N.C.</i>		24F. LOCATION (City, town, or county) (State) <i>Gastonia N.C.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 23 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Wm. Kate Williams</i>	
ADDRESS <i>Schaeffer St</i>		ADDRESS <i>322 N.</i>		ADDRESS <i>322 N.</i>	

RECEIVED BY THE
COMMISSIONER OF THE
GENERAL LAND OFFICE

1-21-20

1-21-20

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1-21-20

600
52 5771BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5771

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <u>Ida Bouyer</u>		2. DATE OF DEATH <u>June 19, 1952</u>	
3. PLACE OF DEATH: a. Baltimore City, Maryland <u>Cal 4</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Md.</u> b. COUNTY <u>X</u>			
b. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 18-01</u>			
c. Length of stay in Baltimore <u>33 years</u>		d. STREET ADDRESS (If rural, give location) <u>819 W. Saratoga St. Apt 5</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Apr. 1, 1917</u>	9. AGE (In years last birthday) <u>35</u>	If Under 1 Year Months: Days If Under 24 Hours Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Pennsylvania</u>	
13. FATHER'S NAME <u>George Banks</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
14. MOTHER'S MAIDEN NAME <u>Ella Lisley</u>		17. INFORMANT <u>JOHNS HOPKINS HOSPITAL</u> ADDRESS			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.			

18. <u>155X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Carcinoma of gall bladder</u> DUE TO (A) <u>Carcinoma of gall bladder</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>	CAUSE OF DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <u></u> DUE TO (C) <u></u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19a. DATE OF OPERATION <u>6-3-52</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) INJURY	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-3-52 to 6-19-52, that I last saw the deceased alive on 6-19-52, and that death occurred at 205 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Leigh E. Ely</u>	23b. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 23, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Arboretum Mem. Pk. Balt. Co. Md.</u>	24d. LOCATION (City, town, or county) (State) <u>Md.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 23 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams</u>	25. FUNERAL DIRECTOR <u>Wallace Funeral Home</u>	ADDRESS <u>2030 Druid Hill Ave</u>

MINISTRE DES HAUTES AFFAIRES
CERTIFICATE OF DEATH

TO BE FILLED BY THE REGISTRAR

CAUSE OF DEATH

DECEASED'S NAME

DATE OF DEATH

PLACE OF DEATH

DECEASED'S RESIDENCE

DECEASED'S OCCUPATION

DECEASED'S SEX

DECEASED'S AGE

DECEASED'S MARITAL STATUS

DECEASED'S RELIGION

DECEASED'S SIGNATURE

DECEASED'S ADDRESS

DECEASED'S PHONE NUMBER

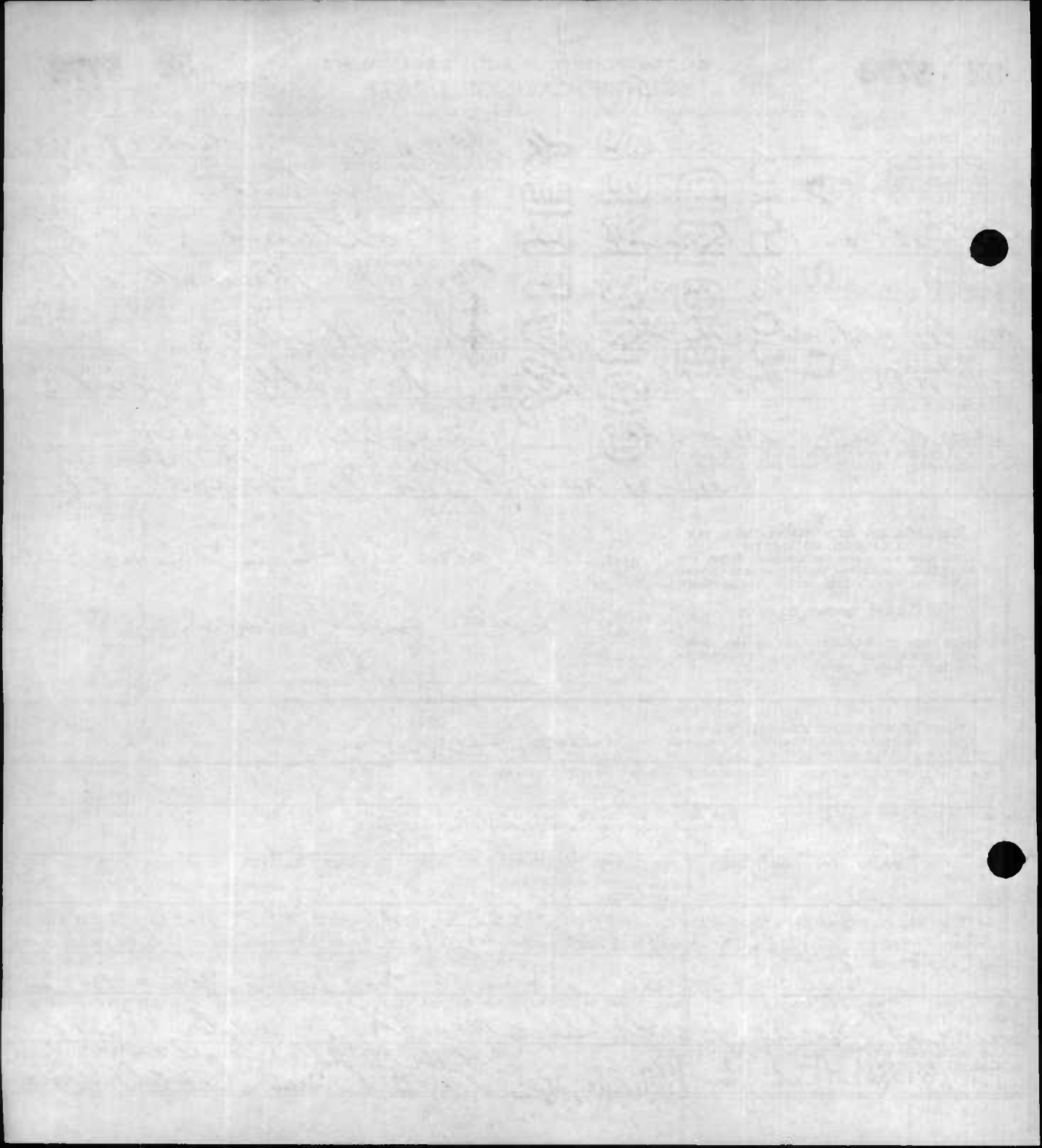
250

52 5772

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5772

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		William A. Mason		June 19, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
		A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN			
1804 N. Mount St.		Baltimore			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
222 years		1804 N. Mount St.			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, OR FORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months: Days
Male	Colored	Widowed	Sept. 10, 1882	69	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Porter		Clothing Factory		Norfolk, Va	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
Andrew Mason		Jennie Miller			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT	
		214-01-3428		Anna M. Bennett	
		1804 N. Mount St.			
18. 002X		CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)		A. (A) Acute Tuberculous Phthisis 4 wks			
DUE TO		B. (B) Pulmonary Tuberculosis ?			
DUE TO		C. (C) Cardiac			
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-26-1952 to 6-19-1952 that I last saw the deceased alive on 6/19/1952 and that death occurred at 6A m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
D. B. Brown		2243 Madison Ave.		6-19-52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		June 23, 1952		Arboretum Mem. Pk. Balto. Co. Md	
24D. LOCATION (City, town, or county)		25. FUNERAL DIRECTOR			
Huntington Williams, Md.		Hallard Funeral Home			
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR			
JUN 23 1952		Hallard Funeral Home			



52 5773

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5773

Registered No.

1. NAME OF DECEASED
(Type or Print)

ISAAC

ENGLISH

2. DATE
OF
DEATH

June 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write SURROUND and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

203 N. Pearl Street

E. Length of stay in Baltimore

10 yrs

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

12-13-1927

9. AGE (In years
last birthday)

25

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

Service Filling Station

Bethelie Station

Sumpter South Carolina

U.S.A.

13. FATHER'S NAME

Solomon English

14. MOTHER'S MAIDEN NAME

Ida Bennett

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Ida Oakes 2809 Witwood Court

18. E 816.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Skull fracture

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

(B) Crushed chest

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Road

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Battsfield Road, Solley, Maryland 5200

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

June 20, 1952 12:50 A.m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Driver in auto and auto collision

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☒

23C. DATE SIGNED

M.D.

MEDICAL INVESTIGATOR ☐

June 20, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

6-23-1952

Mount Auburn

Baltimore

TRD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 28 1952

Huntington Williams

M. Randolph Pollick

1412 E. Preston St.

VS 151

N 804.2

6906R

✓

MEDICAL CERTIFICATION

1. Name of Deceased		2. Date of Death	
3. Place of Death		4. Cause of Death	
5. Manner of Death		6. Name of Physician	
7. Name of Coroner		8. Name of Medical Examiner	
9. Name of Pathologist		10. Name of Forensic Scientist	
11. Name of Toxicologist		12. Name of Anthropologist	
13. Name of Entomologist		14. Name of Botanist	
15. Name of Zoologist		16. Name of Geologist	
17. Name of Meteorologist		18. Name of Astronomer	
19. Name of Historian		20. Name of Philologist	
21. Name of Linguist		22. Name of Sociologist	
23. Name of Anthropologist		24. Name of Archaeologist	
25. Name of Paleontologist		26. Name of Geophysicist	
27. Name of Oceanographer		28. Name of Atmospheric Scientist	
29. Name of Space Scientist		30. Name of Environmental Scientist	
31. Name of Health Scientist		32. Name of Agricultural Scientist	
33. Name of Food Scientist		34. Name of Textile Scientist	
35. Name of Materials Scientist		36. Name of Chemical Engineer	
37. Name of Mechanical Engineer		38. Name of Electrical Engineer	
39. Name of Civil Engineer		40. Name of Industrial Engineer	
41. Name of Environmental Engineer		42. Name of Systems Engineer	
43. Name of Software Engineer		44. Name of Hardware Engineer	
45. Name of Network Engineer		46. Name of Database Engineer	
47. Name of Security Engineer		48. Name of Quality Engineer	
49. Name of Project Engineer		50. Name of Product Engineer	
51. Name of Design Engineer		52. Name of Manufacturing Engineer	
53. Name of Maintenance Engineer		54. Name of Operations Engineer	
55. Name of Logistics Engineer		56. Name of Supply Chain Engineer	
57. Name of Procurement Engineer		58. Name of Sales Engineer	
59. Name of Marketing Engineer		60. Name of Customer Support Engineer	
61. Name of Training Engineer		62. Name of HR Engineer	
63. Name of Finance Engineer		64. Name of Accounting Engineer	
65. Name of Tax Engineer		66. Name of Insurance Engineer	
67. Name of Legal Engineer		68. Name of Compliance Engineer	
69. Name of Risk Engineer		70. Name of Audit Engineer	
71. Name of Internal Control Engineer		72. Name of External Control Engineer	
73. Name of Regulatory Engineer		74. Name of Standards Engineer	
75. Name of Certification Engineer		76. Name of Accreditation Engineer	
77. Name of Registration Engineer		78. Name of Licensing Engineer	
79. Name of Approval Engineer		80. Name of Authorization Engineer	
81. Name of Access Engineer		82. Name of Privilege Engineer	
83. Name of Role Engineer		84. Name of Permission Engineer	
85. Name of Policy Engineer		86. Name of Rule Engineer	
87. Name of Constraint Engineer		88. Name of Condition Engineer	
89. Name of Requirement Engineer		90. Name of Specification Engineer	
91. Name of Interface Engineer		92. Name of API Engineer	
93. Name of UI Engineer		94. Name of UX Engineer	
95. Name of Frontend Engineer		96. Name of Backend Engineer	
97. Name of Fullstack Engineer		98. Name of DevOps Engineer	
99. Name of Site Reliability Engineer		100. Name of Cloud Engineer	
101. Name of Data Engineer		102. Name of Analytics Engineer	
103. Name of Business Intelligence Engineer		104. Name of Data Science Engineer	
105. Name of Machine Learning Engineer		106. Name of AI Engineer	
107. Name of Robotics Engineer		108. Name of Automation Engineer	
109. Name of Embedded Systems Engineer		110. Name of Firmware Engineer	
111. Name of Hardware Design Engineer		112. Name of PCB Design Engineer	
113. Name of Electrical Design Engineer		114. Name of Mechanical Design Engineer	
115. Name of Thermal Design Engineer		116. Name of Fluid Design Engineer	
117. Name of Structural Design Engineer		118. Name of Manufacturing Design Engineer	
119. Name of Assembly Design Engineer		120. Name of Maintenance Design Engineer	
121. Name of Repair Design Engineer		122. Name of Replacement Design Engineer	
123. Name of Upgrade Design Engineer		124. Name of Refurbishment Design Engineer	
125. Name of Restoration Design Engineer		126. Name of Renovation Design Engineer	
127. Name of Reconstruction Design Engineer		128. Name of Rebuilding Design Engineer	
129. Name of Rebuilding Design Engineer		130. Name of Rebuilding Design Engineer	

520
52 5774
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5774

1. NAME OF DECEASED (Type or Print) <i>Frank B. Thomas</i>		2. DATE OF DEATH <i>June 21, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>61 E. Randall St</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>BALTO</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i> <i>23-02</i>	
c. Length of stay in Baltimore <i>50 yrs</i>		D. STREET ADDRESS (If rural, give location) <i>61 E. Randall St</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>June 25, 1881</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Engineer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>B.T.O.R.</i>	9. AGE (In years last birthday) <i>70</i>
13. FATHER'S NAME <i>Johnathan J Thomas</i>		11. BIRTHPLACE (State or foreign country) <i>Howard Co</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Rebecca Hatfield</i>	
17. INFORMANT <i>Minnie H. Thomas</i>		ADDRESS <i>61 E. Randall St</i>	
18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 mrs.</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Hemiplegia</i>		<i>1 mrs.</i>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<i>Artificial Hyphostoma</i> <i>1 mrs</i>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>May 8</i> , 19 <i>52</i> , to <i>6/21</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>6/20</i> , 19 <i>52</i> , and that death occurred at <i>7:30 a.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>E. J. White</i>		23B. ADDRESS <i>1819 William St</i>	
23C. DATE SIGNED <i>6/23/52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>June 24, 1952</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Bedar Hill</i>		24D. LOCATION (City, town, or county) (State) <i>A.C. Co</i> <i>MD</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 23 1952</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>	
VS 150		ADDRESS <i>1400 S Charles</i> <i>Dr</i>	

MEDICAL CERTIFICATION

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

35 3774

3774

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

SEX

EDUCATION

OCCUPATION

RELIGION

DATE OF MARRIAGE

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

162
2 5775BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5775

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LENOA MARY SCHEPERS

2. DATE
OF
DEATH

JUNE 20 '52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MARYLAND

b. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSP. for the women
of Md.

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE 23-01

d. STREET ADDRESS (If rural, give location)

132P S. HANOVER ST.

c. Length of stay in Baltimore

32

Yrs.

Mon.

Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

DEC. 17-1919

9. AGE (in years

last birthday)

33

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

HAIRDRESSER

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF

WHAT COUNTRY?

USA.

13. FATHER'S NAME

JOSEPH. PERRICA

14. MOTHER'S MAIDEN NAME

MARIA DI BLASI

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

220-03-3969

17. INFORMANT

HUSBAND

ADDRESS

MARTIN SCHEPERS

Same

18. 592X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Nephritis

DUE TO

Years.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(Probably collagen Vascular Disease)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) Generalized Hemorrhages
(D) Acute PancreatitisMonth
2 wks.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from May 19, 1952 to JUNE 20, 1952 that I last saw the deceased alive on JUNE 20, 1952 and that death occurred at 5:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE

Gene U Cohen

23b. ADDRESS

M. O.

Hosp. for women of Md

23c. DATE SIGNED

June 20, '52

24a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24b. DATE

6/24/52

24c. NAME OF CEMETERY OR CREMATORY

HOLY CROSS

24d. LOCATION (City, town, or county)

RITCHIE Highway Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

CAUSE FUNERAL HOME

JUN 23 1952

VS 150

1216 S. CHARLES ST

MEDICAL CERTIFICATION

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side. The text is mirrored and difficult to decipher.]

545
52 5776
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5776

1. NAME OF DECEASED (Type or Print) George P. Deinlein		2. DATE OF DEATH June 21, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2807 E. Jefferson St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Maryland	
C. Length of stay in Baltimore 88 yrs.		D. STREET ADDRESS (If rural, give location) 2807 E. Jefferson St.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March, 16, 1864
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman		10B. KIND OF BUSINESS OR INDUSTRY City	9. AGE (in years, last birthday) 88
13. FATHER'S NAME Pancrattius Deinlein		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO. No		14. MOTHER'S MAIDEN NAME Mary C. Hupper	
17. INFORMANT Mr. John Deinlein, 2807 E. Jefferson St.		ADDRESS	
18. 450.0 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) ARTERIOSCLEROSIS DUE TO (B) DUE TO (C) THROMBO-PHLEBITIS - LEFT LEG INTERVAL BETWEEN ONSET AND DEATH 10 1/28 8 weeks			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from APRIL 10, 1952 , to JUNE 21, 1952 , that I last saw the deceased alive on JUNE 21, 1952 , and that death occurred at 7 P. m. , from the causes and on the date stated above.			
23A. SIGNATURE James J. Kavanaugh, M.D.		23B. ADDRESS 3014 McFidelity St.	
23C. DATE SIGNED 6-23-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE June 25, 1952	
24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY REGISTERS JUN 23 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
FUNERAL DIRECTOR E. Dabrowski, 2818 E. Baltimore St.		ADDRESS	

June 21, 1952

Baltimore

Baltimore Maryland

1907 N. Jefferson St.

March 14, 1954

Baltimore, Maryland

Mary E. Brown

Mr. John De Albia, 1907 N. Jefferson St.

George I. DeAlbia

Wife

1907 N. Jefferson St.

US 7th

Widowed

City

Executive Office

NO 10

Baltimore, Maryland

John DeAlbia

Wife

Baltimore, Maryland

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52-5777**

52-5777

1. NAME OF DECEASED (Type or Print) Connie Elizabeth Bradley			2. DATE OF DEATH June 21, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Pennsylvania B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 922 Ridgely St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Philadelphia V-33		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 2148 N. Fairhill St.		
5. SEX Female	6. COLOR OR RACE Col	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Jan. 6, 1896		9. AGE (in years last birthday) 56 yrs.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Greenwood S.C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Allen Williams			14. MOTHER'S MAIDEN NAME Mariah Mosley		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 167-18-0585	17. INFORMANT Robert A. Carter		
			ADDRESS 58 E. Ashland St.		

18. 443X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A)	Acute Cardiac Dilatation	2 days
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B)	Chronic Hypertensive - Cardiac Disease	unknown
		(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Acute emotional upset.		3 days

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from June 20, 1952 to June 21, 1952 that I last saw the deceased alive on June 21, 1952 and that death occurred at 5:05 P.M. , from the causes and on the date stated above.				
23A. SIGNATURE Charles W. Gaines		23B. ADDRESS 525 W. Hamburg St.		23C. DATE SIGNED 6/21/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/29/1952	24C. NAME OF CEMETERY OR CREMATORY Old Bethel Cemetery	24D. LOCATION (City, town, or county) (State) Greenwood, S.C.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 23 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Charles N. Rice
				ADDRESS 661 W. Basse St.

MEDICAL CERTIFICATION

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18-77

1. NAME OF DECEASED		2. SEX		3. AGE	
4. PLACE OF BIRTH		5. DATE OF BIRTH		6. DATE OF DEATH	
7. PLACE OF DEATH		8. CAUSE OF DEATH		9. MANNER OF DEATH	
10. SIGNATURE OF PHYSICIAN		11. SIGNATURE OF REGISTRAR		12. SIGNATURE OF WITNESSES	
13. SIGNATURE OF DECEASED		14. SIGNATURE OF NEXT OF KIN		15. SIGNATURE OF CLERK	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5778**

BIRTH NO. **5778**

1. NAME OF DECEASED (Type or Print) JAMES P. MCCOY		2. DATE OF DEATH June 20, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 616 Burgundy St.	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 1879 73
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer - factory		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME unknown		11. BIRTHPLACE (State or foreign country) North Carolina	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Anna Smith	
17. INFORMANT Ann Smith		ADDRESS 616 Burgundy St.	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William V. Smith</i>	23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR	23C. DATE SIGNED June 21, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/24/52	24C. NAME OF CEMETERY OR CREMATORY W. Auburn
24D. LOCATION (City, town, or county) (State) Baltimore Md	25. FUNERAL DIRECTOR Charles A. Rice - 661 W. Barr	
DATE RECEIVED BY LOCAL REGISTRAR JUN 28 1952		
REGISTRAR'S SIGNATURE <i>Huntington Williams M.D.</i>		

100

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

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420
52 5779

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5779

1. NAME OF DECEASED (Type or Print) <i>Hanna Marguerite Holzschuh</i>			2. DATE OF DEATH <i>6-21-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1235 N. Curley Street</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>1235 North Curley Street</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Nov. 26, 1892</i>		9. AGE (In years last birthday) <i>59</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>	11. BIRTHPLACE (State or foreign country) <i>Balts. Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>John H. De Bus</i>			14. MOTHER'S MAIDEN NAME <i>Bessie Bennanzar</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Nicholas Holzschuh - 1235 N. Curley St.</i>		

18. <i>420.1</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Coronary Thrombosis, 2 days</i>	
ANTECEDENT CAUSES	(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE <i>Harry J. Kane</i>	23B. ADDRESS <i>2607 E. Canton</i>	23C. DATE SIGNED <i>6/23/52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>6-24-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>National Cem.</i>
		24D. LOCATION (City, town, or county) <i>Frederick Ave.</i>

DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 23 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>John C. Miller Inc - 2435 E. Olive St</i>
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MEDICAL CERTIFICATION

0772 52

STATE OF ALABAMA
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

0772 52

[Faint, illegible text and markings are visible across the page, likely bleed-through from the reverse side. The form appears to be a standard death certificate with fields for personal information, cause of death, and medical history.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5780
Registered No.

BIRTH NO. 63 5780		1. NAME OF DECEASED (Type or Print) LESTER RAYMOND EDWARDS		2. DATE OF DEATH June 21, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2840 N. Calvert St.		C. CITY OR TOWN (If outside corporate limits, write FULL and give township) Baltimore			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 2840 N. Calvert St.			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 17, 1879		9. AGE (in years last birthday) 72
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman Rtd		10B. KIND OF BUSINESS OR INDUSTRY ? (Self Employed)		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME John R. Edwards		14. MOTHER'S MAIDEN NAME Emma Dauphin	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Pearl M. Phillips - 117 Murdock Rd.	
18. 450.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) generalized arteriosclerosis (A) DUE TO		CAUSE OF DEATH generalized arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH sev yrs	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. anulosis of right hip & vertebrae bilateral lenticular opacities benign prostatic hypertrophy		sev yrs sev mos.	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept., 1949 to 6-21 , 1952, that I last saw the deceased alive on 6-21 , 1952, and that death occurred at 5:00 PM , from the causes and on the date stated above.					
23A. SIGNATURE E. Edsforth Cook		M. D. 2431 Maryland Ave.		23B. ADDRESS 2431 Maryland Ave.	
23C. DATE SIGNED 6-23-52					
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/24/52		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
24D. LOCATION (City, town, or county) (State) Balto., Md.					
DATE RECEIVED BY LOCAL REGISTRAR JUN 23 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS J. Tichener & Sons 4906 C Balto. 17, Md.	

RECORDS OF DEATH

1



452
52 5781

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5781

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) DWIGHT Lee HOLMES			2. DATE OF DEATH JUNE 20, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) The Union Memorial Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 29 28-04		
C. Length of stay in Baltimore Permanent resident			D. STREET ADDRESS (If rural, give location) 602 Brookwood Road		
5. SEX MALE	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 21, 1900		9. AGE (In years last birthday) 52
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Public Relations Work		10B. KIND OF BUSINESS OR INDUSTRY Self Employed	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Buren Holmes			14. MOTHER'S MAIDEN NAME Nancy Stone		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 506-03-7002	17. INFORMANT ADDRESS Union Memorial Hosp. records.		

MEDICAL CERTIFICATION

18. 421.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Bilateral renal infarctions DUE TO (B) Infarction of posterior myocardium of left ventricle DUE TO (C) Calcific aortic stenosis	INTERVAL BETWEEN ONSET AND DEATH 1 week about 2 weeks ? years
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19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June 3, 1952 to June 20, 1952**, that I last saw the deceased alive on **June 20, 1952**, and that death occurred at **1:50 A. M.**, from the causes and on the date stated above.

23A. SIGNATURE Alfred S. Nelson	M. O. Baltimore 18 Maryland	23B. ADDRESS Union Memorial Hospital	23C. DATE SIGNED June 20, 1952
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24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24B. DATE 6/24/52	24C. NAME OF CEMETERY OR CREMATORY Greenmount Cem.	24D. LOCATION (City, town, & county) (State) Balto., Md.
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DATE RECEIVED BY LOCAL REGISTRAR JUN 23 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR J. T. Tichenor & Sons	ADDRESS Balto 17, Md.
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VS 150

03682

1857 58

RECEIVED

1857

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5782**

BIRTH NO. **5782**

1. NAME OF DECEASED (Type or Print) Howard Boyer			2. DATE OF DEATH 6-22-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Anne Arundel		
5. FULL NAME OF (If not in hospital or institution, give street address or location) South Baltimore General Hospital			C. CITY OR TOWN Gambrills (If outside corporate limits, write RURAL and give township)		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) Crain Highway 5200		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 11, 1930		9. AGE (In years) 22 (If Under 1 Year: Months: Days; If Under 24 Hours: Hours: Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10B. KIND OF BUSINESS OR INDUSTRY Earl Trucking Co.	11. BIRTHPLACE (State or foreign country) Waterbury, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Herbert Boyer			14. MOTHER'S MAIDEN NAME Ellen Lowman		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 215 26 1330	17. INFORMANT ADDRESS Mr. Herbert Boyer Gambrills, Md.		

18. E 823.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) SKull fracture DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.		

19A. DATE OF OPERATION 6-22-52		19B. MAJOR FINDINGS OF OPERATION Skull fracture		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Crain Highway - Gambrills, Md.	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 6-22-52 3:30 a.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? hit a pole while driving own car	
22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William Updegraff			23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		
23C. DATE SIGNED 6-22-52					

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE June 25, 1952	24C. NAME OF CEMETERY OR CREMATORY Baldwin's Mem. Ch. Cem.	24D. LOCATION (City, town, or county) (State) Severn Crossroads, Md.
DATE RECEIVED BY JUN 29 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS R.W. Singleton Glen Burnie, Maryland	

V S 151

N 803.2

683 52

MEDICAL CERTIFICATION

6-2-55

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6-2-55

460
52 5783

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5783

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

KATHERINE TAYLOR

2. DATE
OF
DEATH

6/22/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

SINAI HOSP.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MD.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

115 N. CAREY ST.

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

4/21/04

9. AGE (in years last birthday)

48

10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

USA.

13. FATHER'S NAME

John E. Hardy

14. MOTHER'S MAIDEN NAME

Mary E. Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Ritchie W. Taylor Carey St.

18. 171X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CARCINOMA OF CX.

DUE TO

UNKNOWN

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

NO

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on 6/20, 1952, and that death occurred at 11 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Paul C. Weintag

M. D.

23B. ADDRESS

Sinai Hosp.

23C. DATE SIGNED

6/22/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/25/52

24C. NAME OF CEMETERY OR CREMATORY

London Park Cem.

24D. LOCATION (City, town, or county)

3801 Frederick Ave.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

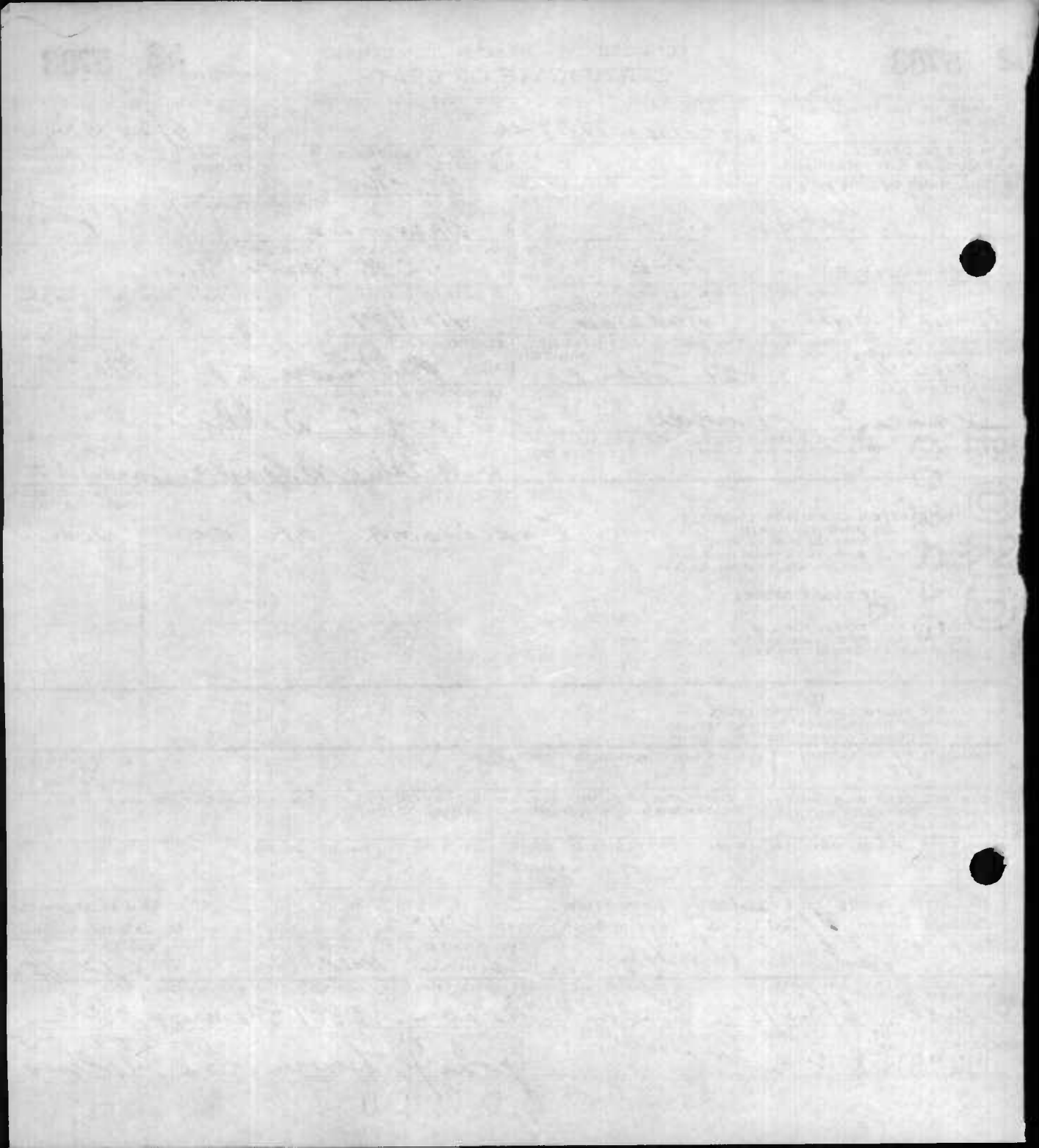
25. FUNERAL DIRECTOR

ADDRESS

JUN 23 1952

Huntington Williams

John J. Cowan & Son 34 Collins St.



200
2 5784BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5784
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK HYZA

2. DATE
OF
DEATH June 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 815 N. Port St.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE Md. B. COUNTYC. CITY OR TOWN (If outside corporate limits, write full name and give township)
Baltimore 7-00c. Length of stay in Baltimore 60 years
Yrs.
Mos.
DaysD. STREET ADDRESS (If rural, give location)
815 N. Port St.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

June 11, 1877

9. AGE (in years
last birthday)

75

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Metal Pattern Filer

10B. KIND OF BUSINESS OR
INDUSTRY

Harry C. Weiskettle

11. BIRTHPLACE (State or foreign country)

Czechoslovakia

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
no16. SOCIAL
SECURITY NO.
216-09-7363

17. INFORMANT

ADDRESS

Jos. J. Hyza, 1715 Northview Road

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Cerebral Hemorrhage
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Cardiac degenerative disease
DUE TO
(C) Hemiplegia left
June 19, 52II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1952, to June 21, 1952, that I last saw the
deceased alive on Jan 19, 1952, and that death occurred at 7 a. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

June 24, 1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county) (State)

4430 Belair Rd. Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 23 1952

Huntington Williams, M.D.

Schimunek Funeral Home, Inc.
2601-305 E. Madison St.

0728

CERTIFICATE OF DEATH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

Cause of Death

Direct Cause of Death

Indirect Cause of Death

Signature of Physician

Signature of Registrar

Signature of Coroner

Signature of Medical Examiner

Signature of Pathologist

Signature of Forensic Scientist

Signature of Toxicologist

Signature of Anthropologist

Signature of Entomologist

Signature of Botanist

Signature of Zoologist

Signature of Geologist

Signature of Meteorologist

Signature of Astronomer

Signature of Chemist

Signature of Biologist

Signature of Ecologist

Signature of Environmental Scientist

436

52 5785

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5785

1. NAME OF DECEASED (Type or Print) <i>Anna Butler Helldorfer</i>		2. DATE OF DEATH <i>June 21, 1952</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Maryland</i> b. COUNTY <i>Baltimore</i>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>The Union Memorial Hosp.</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>12-03</i>	
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) <i>2731 N. Calvert St.</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>Feb 11, 1876</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>76</i>
13. FATHER'S NAME <i>August Butler</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>unknown</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Elizabeth Peters</i>	
17. INFORMANT <i>Union Memorial Hosp records</i>		ADDRESS	

18. *443X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Cerebral vascular hemorrhage*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *hypertensive arteriosclerosis*
Cardiovascular disease

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION <i>0</i>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>JUNE 18</i> , 19 <i>52</i> , to <i>JUNE 21</i> , 19 <i>52</i> that I last saw the deceased alive on <i>JUNE 21</i> , 19 <i>52</i> , and that death occurred at <i>11:00 P.m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>James A. Ford</i>		23b. ADDRESS <i>Union Memorial Hosp.</i>		23c. DATE SIGNED <i>6-21-52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24b. DATE <i>6/25/52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Parkwood Cmn</i>	
24d. LOCATION (City, town, or county) <i>Balto C. Md</i>		24e. DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 23 1952</i>		24f. REGISTRAR'S SIGNATURE <i>Huntington Walliquess, M.D.</i>	
25. FUNERAL DIRECTOR <i>Charles H. Evans & Son</i>		25a. ADDRESS <i>118 W. Mt. Rayd Ave.</i>			

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

PLANT INDUSTRY REPORT NO. 100

PLANT INDUSTRY REPORT NO. 100

PLANT INDUSTRY REPORT NO. 100

PLANT INDUSTRY REPORT NO. 100

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PLANT INDUSTRY REPORT NO. 100

PLANT INDUSTRY REPORT NO. 100

200
52 5786BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5786

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>LEONA Ruth Shockey</i>		2. DATE OF DEATH <i>6-23-52.</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore City, Md.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore City</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Hospital for the Women of Maryland</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>25-05</i>	
D. LENGTH OF STAY IN BALTIMORE <i>?</i>		E. STREET ADDRESS (If rural, give location) <i>3816 PENNINGTON AVE.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>June 18, 1924</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>H.W.</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>-</i>	
11. FATHER'S NAME <i>Trevell Warrick</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA.</i>	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>-</i>		14. MOTHER'S MAIDEN NAME <i>Hanna Broadwater</i>	
15. SOCIAL SECURITY NO. <i>-</i>		16. INFORMANT <i>M. Leonard</i>	
17. ADDRESS		18. ADDRESS	

18. <i>171X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Recurrent Carcinoma of Uterus, Rectum & Bladder.</i> DUE TO (B) <i>Adenocarcinoma, cervix uteri</i> DUE TO (C) <i>-</i>	INTERVAL BETWEEN ONSET AND DEATH <i>< 2 mo</i> <i>> 7 mo.</i>
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II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>5-12-52 + 5-28-52.</i>		19B. MAJOR FINDINGS OF OPERATION <i>Recurrent carcinomas Mars filling pelvis</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>-</i>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>-</i>	
21D. TIME (Month) (Day) (Year) (Hour) INJURY <i>m.</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <i>-</i>	
22. I hereby certify that I attended the deceased from <i>Nov 9, 1951</i> , to <i>June 23, 1952</i> , that I last saw the deceased alive on <i>June 22, 1952</i> , and that death occurred at <i>10:15 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Clifford Abbott Jr.</i>		23B. ADDRESS <i>Hosp. for the Women of Md</i>		23C. DATE SIGNED <i>6-23-52.</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24B. DATE <i>6/26/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>L O N R CONING & Co</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md</i>		24E. NAME OF CEMETERY OR CREMATORY <i>L O N R CONING & Co</i>		24F. LOCATION (City, town, or county) (State) <i>Baltimore, Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 23 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>118 W. Mt Royal Ave</i>	

[Faint, illegible handwriting throughout the page, possibly bleed-through from the reverse side.]

CERTIFICATE CORRECTED
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5787
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LUCILLE HOLLY		2. DATE OF DEATH June 22, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY St. Mary's	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Leonardtown 68-00	
C. Length of stay in Baltimore 3 months		D. STREET ADDRESS (If rural, give location) 1552 Woodyear Street	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 30 1888
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) St. Mary's, Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME James Curtis		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Louise Holly, Leonardtown, Maryland		ADDRESS	

18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease DUE TO (A) (B) (C) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>Stanley H. Durlacher</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED 6/23/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/25/52	24C. NAME OF CEMETERY OR CREMATORY St. Mary's	24D. LOCATION (City, town or county) (State) St. Mary's, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR JUN 23 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		
FUNDAL DIRECTOR <i>Joseph M. Hallen</i>		ADDRESS <i>Leonardtown, Md.</i>		

CERTIFICATE OF DEATH

1911

13

1911

1911

1911

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1911

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1911

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1911

1911

1911

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5788
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <u>Mary Redmond</u>		2. DATE OF DEATH <u>June 20, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Balti. City</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md</u> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
c. Length of stay in Baltimore <u>Five</u> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <u>119 N. Bond St</u>	
5. SEX <u>Female</u>	6. COLOR OF RACE <u>Caucasian</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>May 20, 1905</u>
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		9B. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>	9. AGE (in years last birthday) <u>47</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>	11. BIRTHPLACE (State or foreign country) <u>Md</u>
13. FATHER'S NAME <u>Wm Spencer</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMATION <u>JOHNS HOPKINS HOSPITAL</u>		18. ADDRESS _____	

MEDICAL CERTIFICATION

18. <u>443X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Cerebral thrombosis or hemorrhage</u> (A) <u>middle cerebral artery</u> DUE TO ANTECEDENT CAUSES (B) <u>Hypertensive cardiovascular disease</u> DUE TO (C) _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH <u>11 Hrs</u> <u>at least 2 years</u>
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19A. DATE OF OPERATION <u>none</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/> <u>no accident</u>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 6/20/52, to 6/20/52, that I last saw the deceased alive on 6/20/52, and that death occurred at 11:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE <u>Thomas E. Van Metre Jr.</u> M.D.	23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>	23C. DATE SIGNED _____
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24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>6/24/52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Mt Calvary Cem.</u>	24D. LOCATION (City, town, or county) <u>Brooklyn Md</u> (State)
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LOCAL RECEIVED BY <u>JUN 23 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>Elroy O. Wilson</u>	ADDRESS <u>1000 Brantley Ave</u>
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CONFIDENTIAL - DEATH

100

Case released to Hospital
5789

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5789

1. NAME OF DECEASED (Type or Print) <i>Miss Clara Foster</i>		2. DATE OF DEATH <i>June 21, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 1106 N Gay St</i>	
D. STREET ADDRESS (If rural, give location) <i>602 Chumpeess Rd. 8-07</i>		E. Length of stay in Baltimore Yrs. Mos. Days	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>July 7, 1887</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>65</i> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) <i>Dorchester Co. Va.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Perry Ennells</i>		14. MOTHER'S MAIDEN NAME <i>Susie ?</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocardial infarction, acute</i> DUE TO <i>Hypertensive - arteriosclerotic</i> DUE TO <i>Cardiovascular Disease</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>7</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>6-21-</i> , 19 <i>52</i> , to <i>6-22-</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>6-21-</i> , 19 <i>52</i> , and that death occurred at <i>3:55 PM</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Norman E. Shaver</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>6-22-52</i>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>June 25, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>A. A. County Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 23 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Mr. R. H. A. Ellis & Son</i>	

NOT A MEDICAL EXAMINER'S CASE

Wm. C. Ford M.D.
CHIEF OR ASST. MEDICAL EXAMINER

163

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5790
Registered No.

BIRTH NO. 5790

1. NAME OF DECEASED (Type or Print) <i>Sarah GERHARDT</i>		2. DATE OF DEATH <i>6-21-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Baltimore</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Maryland General Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Bethesda</i>	
C. Length of stay in Baltimore <i>Life</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>6075 Milton Ave #24</i>	
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Jan 28, 1882</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>Horseman</i>	9. AGE (In years last birthday) <i>70</i>
13. FATHER'S NAME <i>William O' Bryan</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Mary Bonaman</i>	
17. INFORMANT <i>Wm Gerhardt</i>		ADDRESS <i>same</i>	

18. <i>199.9</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) <i>Obstruction of the intestines</i> DUE TO (B) <i>Generalized Carcinomatosis</i> DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *6-19*, 19*52*, to *6-21*, 19*52* that I last saw the deceased alive on *6-21*, 19*52* and that death occurred at *10:39 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Louise Baklain</i>	23B. ADDRESS <i>Med. General Hospital</i>	23C. DATE SIGNED <i>6-21-52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>6-24-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Cook Lane</i>	24D. LOCATION (City, town, or county) (State) <i>Balto - Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 23 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Lady Beech</i>	ADDRESS <i>403 S. Wolfe St. Md.</i>

1917

THE STATE OF NEW YORK

IN SENATE
January 11, 1917

REPORT

OF THE

COMMISSIONER OF THE LAND OFFICE

ALBANY: J.B. LIPPINCOTT & CO. PRINTERS. 1917.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5791
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Connelly, Joseph N.</i>			2. DATE OF DEATH <i>6-21-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>SINAI HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE</i> <i>2-01</i>		
6. Length of stay in Baltimore <i>Life -</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>2022 BANK ST. #31</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>SINGLE</i>	8. DATE OF BIRTH <i>1-31-93</i>	9. AGE (in years last birthday) <i>58</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>BRASS FACTORY</i>	11. BIRTHPLACE (State or foreign country) <i>BALTO. MD.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA.</i>
13. FATHER'S NAME <i>Martin M. Connelly</i>			14. MOTHER'S MAIDEN NAME <i>Anna East</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>SINAI HOSP. RECORDS</i>		

1B. <i>162X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>BRONCHIOGENIC CARCINOMA</i> DUE TO <i>C EFFUSION</i> (B) _____ DUE TO _____ (C) _____	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>7</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>June 18, 1952</i> to <i>June 21, 1952</i> that I last saw the deceased alive on <i>June 21, 1952</i> and that death occurred at <i>11:30 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Robert Sander</i>		23B. ADDRESS <i>Sinai Hosp. Balto</i>		23C. DATE SIGNED <i>June 22, 1952</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>6-25-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Second Heath</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>		24E. FUNERAL DIRECTOR ADDRESS <i>Huntington Williams, Mrs. Lely & Zehn 4030</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 23 1952</i>		VS 150 <i>6903C 5700</i>			

MEDICAL CERTIFICATION

1932

STATE OF TEXAS

1932

1-31-32

Monte M. Gentry

1932

1932

1932

1932

643
52 5792
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5792

1. NAME OF DECEASED (Type or Print) Beatrice Patterson Scarlett		2. DATE OF DEATH June 22, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY none	
B. FULL NAME OF HOSPITAL OR INSTITUTION 4308 Greenway		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-11	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 4308 Greenway	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept. 22, 1878
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 73
13. FATHER'S NAME George Frederick Patterson		11. BIRTHPLACE (State or foreign country) England	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME Mary Frances Thorpe	
16. SOCIAL SECURITY NO.		17. INFORMANT Charles E. Scarlett, Jr. - St. Margaret's Annapolis, Maryland	
18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Cerebral hemorrhage DUE TO Hypertension + arteriosclerosis 5-10 yrs (B) DUE TO (C)	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1946, 19, to June 22, 1952, that I last saw the deceased alive on June 20, 1952, and that death occurred at 10 a. m., from the causes and on the date stated above.			
23A. SIGNATURE Franklin E. Lurie M. D.		23B. ADDRESS 2929 N. Charles St.	
23C. DATE SIGNED 6 - 28 - 52			
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 6 - 24 - 52	
24C. NAME OF CEMETERY OR CREMATORY Druid Ridge		24D. LOCATION (City, town, or county) (State) Pikesville, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR JUN 23 1952		REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc.		ADDRESS 1900 Eutaw Place	

CONFIDENTIAL

STATE OF NEW YORK

OFFICE OF THE ATTORNEY GENERAL

ALBANY, NEW YORK

1964

IN SENATE

REPORT OF THE ATTORNEY GENERAL

ON THE ADMINISTRATION OF THE

OFFICE

620
52 5793BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5793

1. NAME OF DECEASED (Type or Print) <i>Leon Shores</i>		2. DATE OF DEATH <i>June 22, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Med. Bldg 1</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY <i>TALBOTT</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Neavitt</i>	
c. Length of stay in Baltimore <i>1</i>		D. STREET ADDRESS (If rural, give location) <i>7000</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>4-27-05</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>CIVIL ENGINEER</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>U.S. ARMY</i>	9. AGE (In years last birthday) <i>47</i>
11. BIRTHPLACE (State or foreign country) <i>NEAVITT</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>MARICE SHORES</i>		14. MOTHER'S MAIDEN NAME <i>ESTELLE FISHER</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. <i>332x</i> <i>4/20.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocardial infarction</i> DUE TO <i>Cerebral emboli</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>6-21-</i> , 1952, to <i>6-22-</i> , 1952, that I last saw the deceased alive on <i>6-22-</i> , 1952, and that death occurred at <i>11:50 a.m.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>R. Edmonds</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>6/22/52</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>6/24</i>	24C. NAME OF CEMETERY OR CREMATORY <i>OLIVET CEM.</i>	24D. LOCATION (City, town, or county) (State) <i>ST MICHAELS MD</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 23 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>HARRISON ST. MICHAELS</i>	ADDRESS <i>MD.</i>

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RAILROAD OF NORTH CAROLINA
CERTIFICATE OF DEATH

1708 22

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52 5794

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5794
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) **KATHERINE T. PEARR** 2. DATE OF DEATH **6-22-1952**

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **MARYLAND** B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **2114 ASHLAND AVE** C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE

D. STREET ADDRESS (If rural, give location) **2114 ASHLAND AVE**
c. Length of stay in Baltimore **71** Yrs. Mos. Days

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **WIDOWED** 8. DATE OF BIRTH **MARCH 14 1881** 9. AGE (In years last birthday) **71** If Under 1 Year Months: Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired) **HOUSEWORK** 10B. KIND OF BUSINESS OR INDUSTRY **HOME** 11. BIRTHPLACE (State or foreign country) **MARYLAND** 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME **JOHN DOMIER** 14. MOTHER'S MAIDEN NAME **NOT KNOWN**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) 16. SOCIAL SECURITY NO. **NONE** 17. INFORMANT ADDRESS **JAMES PEARR 7519 BRIMFIELD AVE**

18. **151X** I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) **Coronary Thrombosis** DUE TO INTERVAL BETWEEN ONSET AND DEATH **5 hrs.**

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) **Diffuse Gastric Carcinoma or Diffuse Chronic Gastritis** DUE TO **1 yr.** (C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3/12**, 19**52** to **6/22**, 19**52** that I last saw the deceased alive on **6/21**, 19**52** and that death occurred at **4:50** am., from the causes and on the date stated above.

23A. SIGNATURE **Karl Henne** M. D. 23B. ADDRESS **1212 N. Patterson Place** 23C. DATE SIGNED **6/23/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24B. DATE **6-25-1952** 24C. NAME OF CEMETERY OR CREMATORY **MEADOW RIDGE** 24D. LOCATION (City, town, or county) (State) **M.D.**

DATE RECEIVED BY LOCAL REGISTRAR **JUN 23 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR ADDRESS **FRANK CHACH • SON 900 N. CHESTER ST**

MEDICAL CERTIFICATION

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5795

Registered No.

52 5795

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Ada Florence Hook			2. DATE OF DEATH 6-21-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1922 Wilhelmy St.			C. CITY OR TOWN (If outside corporate limits, write full name and give township) BALT, MORE 20-03		
C. Length of stay in Baltimore 6 months			D. STREET ADDRESS (If rural, give location) 1922 Wilhelmy St.		
5. SEX FEMALE	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb 18, 1867		9. AGE (In years last birthday) 85
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Horsewife		10B. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Henry Hook			14. MOTHER'S MAIDEN NAME Hannah Huff		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. NONE	17. INFORMANT ADDRESS BENJAMIN Hook 1922 Wilhelmy St.		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Chronic Myocarditis DUE TO	INTERVAL BETWEEN ONSET AND DEATH approx. 5 yrs.
ANTECEDENT CAUSES		(B) Arteriosclerosis generalized DUE TO	approx. 15 yrs.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) Chronic Rheumatoid Arthritis DUE TO	approx. 10 yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **January 4, 1951**, to **June 21, 1952**, that I last saw the deceased alive on **June 20, 1952**, and that death occurred at **4:10 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE **Louis B. Lemick** M. D. 23B. ADDRESS **2356 Annapolis Ave** 23C. DATE SIGNED **June 21, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 6-26-52	24C. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery	24D. LOCATION (City, town, or county) (State) Pinecastle, Virginia
DATE RECEIVED BY LOCAL REGISTRAR JUN 28 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS GEORGE L. Schwab 2101 Frederick Ave.	

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52 5796BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5796

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lotta V. Lawson

2. DATE
OF
DEATH

6-23-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hospital

C. Length of stay in Baltimore

2 WK.

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

WEST. VA.

V-45

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Weston, West Va.

D. STREET ADDRESS (If rural, give location)

904 High St.

5. SEX

Female

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Aug 10, 1888

9. AGE (In years
last birthday)

63

10. Under 1 Year
Months: Days11. Under 24 hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Weston, West Va.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Jacob Vandervort

14. MOTHER'S MAIDEN NAME

Annabelle Saltsman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

John F. Lawson, (same)

18. 331X and 193X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

shock - atelectasis

INTERVAL BETWEEN
ONSET AND DEATH

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

possible CVA

2 days

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.nothing
thrombus fibro sarcoma

50 yrs

19A. DATE OF OPERATION

6-20-52

19B. MAJOR FINDINGS OF OPERATION

tumor chest wall

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., In or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-14-52, 19, to 6-23-52, 19, that I last saw the
deceased alive on 6-23-52, 19, and that death occurred at 1:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Henry D. Perry Jr. M. D.

23B. ADDRESS

Univ. Hospital

23C. DATE SIGNED

6-23-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6/26/52

24C. NAME OF CEMETERY OR CREMATORY

Thosom Cemetery

24D. LOCATION (City, town, or county)

Weston, West Va.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

W. H. Co. Huntington, Cllicott City

VS 150

7208A

150

52 5797

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5797
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Sister Julia Nolan</i>		2. DATE OF DEATH <i>June 23, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore Md</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Providence Hospital</i> B. COUNTY <i>V-48</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Villa St Michael</i> <i>4450 Forest Hill Road</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Washington D.C.</i>	
c. Length of stay in Baltimore <i>21</i>		D. STREET ADDRESS (If rural, give location) <i>214 W St. S.E.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>March 20, 1901</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Teacher</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>51 yrs</i>
13. FATHER'S NAME <i>Herman Nolan</i>		11. BIRTHPLACE (State or foreign country) <i>Troy N.Y.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
16. SOCIAL SECURITY NO. <i>no</i>		14. MOTHER'S MAIDEN NAME <i>Mary Buckley</i>	
17. INFORMANT <i>Sister Mary Loretta</i>		ADDRESS <i>Villa St. Michael's Wash. Md.</i>	

18. <i>193X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinomatous</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 yr</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Primary Carcinoma of Breast</i>		<i>?</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>6/1</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> HOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>6/1</i> , 19 <i>52</i> , to <i>6/23</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>6/23</i> , 19 <i>52</i> , and that death occurred at <i>11:50 PM</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>D. P. Alagon</i>		23B. ADDRESS <i>33 West End Street</i>		23C. DATE SIGNED <i>6/23/52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>June 25/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St. Josephs Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Emmitsburg, Maryland</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 24 1952</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, M.D. Stewart & Mowen Co., 108 W. North Ave</i>		

1977

22

RECEIVED BY MAIL - 2014-2015

RECEIVED BY MAIL - 2014-2015

1977

22



34

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5798
 Registered No. 52 5798

BIRTH NO.

1. NAME OF DECEASED
 (Type or Print)

MRS. WATSON RANDALL (Virginia Wilson)

2. DATE OF DEATH June-23-1952
 A. STATE Maryland B. COUNTY Baltimore City

3. PLACE OF DEATH:

A. Baltimore City, Maryland 620 Wyndhurst Ave.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

at Home

C. Length of stay in Baltimore

Life

Yrs.
 Mos.
 Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

13. FATHER'S NAME

William B. Wilson

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY Baltimore City

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

D. STREET ADDRESS (If rural, give location)

620 Wyndhurst Ave

8. DATE OF BIRTH

Dec-31-1875

9. AGE (in years last birthday)

76

11 Under 1 Year Months Days

11 Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

Jane Marshall Wilson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

None

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Miss Henrietta Randall (daughter) Balto. Md.

18. 451X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) RUPTURE, ABDOMINAL AORTIC ANEURYSM

INTERVAL BETWEEN ONSET AND DEATH

4 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) GENERALIZED ARTERIOSCLEROSIS

?

(C) HYPERTENSIVE CARDIOVASCULAR DIS.

?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 13, 1950, to June 23, 1952, that I last saw the deceased alive on June 23, 1952, and that death occurred at 9:40 a. m., from the causes and on the date stated above.

23A. SIGNATURE

John M. Scott M. D.

23B. ADDRESS

8 LANEWOOD ROAD

23C. DATE SIGNED

6/23/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 24 1952

Huntington Williams, M.D. Sturges & Morgan Co., 108 W. North Ave. City #1.

VS 150

MEDICAL CERTIFICATION

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255

52 5799

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5799

1. NAME OF DECEASED (Type or Print) <i>Bessie Eisman</i>		2. DATE OF DEATH <i>June 23, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Seneca Hosp</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 6-03</i>	
C. Length of stay in Baltimore <i>65 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>2217 E. Fairmount Avenue</i>	
S. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOW</i>	8. DATE OF BIRTH <i>April- 1882</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>own home</i>	9. AGE (In years last birthday) <i>70</i>
11. BIRTHPLACE (State or foreign country) <i>Russia</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Louis Levenson</i>		14. MOTHER'S MAIDEN NAME <i>Lena ??</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mrs. Meyer Miller</i>		ADDRESS <i>4832 Park Heights Avenue</i>	

18. <i>420.1</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Acute myocardial infarction</i>	
ANTECEDENT CAUSES	(B) <i>Coronary Occlusion</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) <i>Arteriosclerotic CVD</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>June 21, 1952</i> to <i>June 23, 1952</i> , that I last saw the deceased alive on <i>June 23, 1952</i> and that death occurred at <i>10:10 p.m.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>Jerome Gleason</i>	23B. ADDRESS <i>Senai Hospital</i>	23C. DATE SIGNED <i>6-23-52</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>6/25/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Posvohler Verein</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Maryland</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 24 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Sal Harrison</i>	ADDRESS <i>Brook - 1124-26 W. North Avenue</i>

MEDICAL CERTIFICATION

620
52 5800BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5800

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George H. Brooks Sr.

2. DATE
OF
DEATH

6/23/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hosp.

C. Length of stay in Baltimore

unknown

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

10/18/68

9. AGE (In years
last birthday)

83 Yr

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

unknown

10B. KIND OF BUSINESS OR
INDUSTRY

RETIRED

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Ira P. Brooks

14. MOTHER'S MAIDEN NAME

Mildred Brisendine

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

unknown

no

16. SOCIAL
SECURITY NO.

unknown

17. INFORMANT

ADDRESS

Lawson B. Brooks 1423 Hollins ST

18. 151X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Probable gastric carcinoma

DUE TO

INTERVAL BETWEEN
ONSET AND DEATHunknown
(6 mo+)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Generalized arteriosclerosis

unknown

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/22, 1952, to 6/23, 1952, that I last saw the
deceased alive on 6/22, 1952 and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

John A. Stone

M. D.

23B. ADDRESS

Mercy Hosp.

23C. DATE SIGNED

6/23/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

BURIAL

6/25/52

24C. NAME OF CEMETERY OR CREMATORY

FARMHAR VA

24D. LOCATION (City, town, or county)

FARMHAR VA.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

JUN 24 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

W. D. STANBURY 2700 EDMONDSON

8 / 21

52 5801

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5801

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lula M. Lewis

2. DATE
OF
DEATH

6/21/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2227 Henneman Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto

8-04

D. STREET ADDRESS (If rural, give location)

2227 Henneman Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

8/20/1876

9. AGE (In years
last birthday)

75

If Under 1 Year
Months: Days

10 11

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, or if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

13. FATHER'S NAME

Leonard Koebler

11. BIRTHPLACE (State or foreign country)

Washington D.C.

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Phillipine (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary thrombosis, etc

INTERVAL BETWEEN
ONSET AND DEATH

26 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Atherosclerosis

approx 3 yr

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 August, 1945, to 21 June, 1952, that I last saw the
deceased alive on 21 June, 1952, and that death occurred at noon m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1513 N. Milton Ave

23 June 52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 24 1952

Huntington Williams, MD

Cook Inc. 3217 St. Paul St.

106 32

STATE OF NEW YORK

1901

CERTIFICATE OF DEATH

Name of Deceased		Age		Sex		Race		Color		Religion		Marital Status		Occupation		Cause of Death		Date of Death		Place of Death		Signature of Physician		Signature of Registrar		Signature of Witness	

30

52 5802

52 5802

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Maggie M. Handy

2. DATE
OF
DEATH

6/21/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR
INSTITUTION

106 S. Fulton Ave

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto

19-04

D. STREET ADDRESS (If rural, give location)

106 S. Fulton Ave

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

11/25/1870

9. AGE (in years
last birthday)11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10. OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10. KIND OF BUSINESS OR
INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Chas. C. Handy

14. MOTHER'S MAIDEN NAME

Rachel Matthews

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Stella C. Handy 106 S. Fulton Ave.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Arteriosclerotic Cardio-
Vascular Disease

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐ NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from June 1, 1952, to June 21, 1952, that I last saw the
deceased alive on June 21, 1952, and that death occurred at 6:50 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Allan Scognetti

M. D.

23B. ADDRESS

1729 W Lombard St

23C. DATE SIGNED

6/23/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6/24/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTER

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Book Inc. 1217 St. Paul St.

VS 150

MEDICAL CERTIFICATION

536

52 5803

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5803

1. NAME OF DECEASED (Type or Print) <i>Alpheus Anderson</i>		2. DATE OF DEATH <i>June 23, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>7-04</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore <i>35 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>1936 C. Gager St</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widower</i>	8. DATE OF BIRTH <i>March 11, 1881</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Storekeeper</i>		9. AGE (in years last birthday) <i>70</i>	11. BIRTHPLACE (State or foreign country) <i>Va.</i>
13. FATHER'S NAME <i>James Anderson</i>		12. CITIZEN OF WHAT COUNTRY? <i>?</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. <i>420.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Ventricular Fibrillation</i> DUE TO (B) <i>Chronic Myocardial Damage (Sept 1949)</i> DUE TO (C) <i>Arteriosclerotic Heart Disease</i>	INTERVAL BETWEEN ONSET AND DEATH <i>same</i> <i>3 yrs</i> <i>past 20.25</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT <i>Esophagoscopy under EPE was being performed at time fibrillation occurred</i>			
19A. DATE OF OPERATION <i>June 23, 1952</i>	19B. MAJOR FINDINGS OF OPERATION <i>Slight smooth swelling of st. pylorus & ans</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *6/23, 1952* to *6/23, 1952*, that I last saw the deceased alive on *6/23, 1952*, and that death occurred at *11:35 PM*, from the causes and on the date stated above.

23A. SIGNATURE <i>Walter Lee Williams</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED
--	---	------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>June 27/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus Mem. Park</i>	24D. LOCATION (City, town, or county) (State) <i>Arbutus Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 24 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	FUNERAL DIRECTOR <i>Wm. C. G. Elliott & Daughter</i>	
ADDRESS <i>1129 N. Caroline St</i>		94055	

56

52 5804

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 5804

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CATHERINE E. WISNER.

2. DATE
OF
DEATH

6/22/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3032 Fleetwood Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

3032 Fleetwood Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 29, 1897

9. AGE (in years
last birthday)

34

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

-

14. MOTHER'S MAIDEN NAME

-

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

217-01-2121

17. INFORMANT

ADDRESS

Albert E. Wisner 3052 Fleetwood Ave.

18. 442x

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) Hypertensive Cardiovascular -
Renal Disease

DUE TO

(B) Generalized arteriosclerosis

DUE TO

(C) Hemiplegia (RT)

INTERVAL BETWEEN
ONSET AND DEATH

5 yrs.

5 yrs.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 10, 1948, to June 22, 1952, that I last saw the
deceased alive on June 22, 1952, and that death occurred at 11:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Daniel M. Molk

M. O.

23B. ADDRESS

1331 E. North Ave.

23C. DATE SIGNED

6-23-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/25/52

24C. NAME OF CEMETERY OR CREMATORY

Moreland Park

24D. LOCATION (City, town, or county)

Taylor Ave.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Paul C. E. Schenck 5615-17 Schenck Ave.

UN 241952

VS 150

MEDICAL CERTIFICATION

1931 C. Smith Ave

300
52 5805BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5805

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ANNA A. SCOTT		2. DATE OF DEATH June 23, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 14-01	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1729 Linden Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1729 Linden Ave.	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb. 10, 1902
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter's Helper		10B. KIND OF BUSINESS OR INDUSTRY Railroad	9. AGE (In years last birthday) 50
11. BIRTHPLACE (State or foreign country) Kentucky		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Jess W. Simpson		14. MOTHER'S MAIDEN NAME Tildie Howard	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr. Roland Simpson - 1921 Eutaw Place		ADDRESS	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis DUE TO	INTERVAL BETWEEN ONSET AND DEATH 1 hr.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertension DUE TO Angina Pectoris DUE TO	? 1 mo
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6/21**, 1952, to **6/23**, 1952, that I last saw the deceased alive on **6/22**, 1952, and that death occurred at **8:00 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE Huntington Williams, M.D.	23B. ADDRESS M. D. 2201 Eutaw Place	23C. DATE SIGNED 6/23/52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 6/24/52	24C. NAME OF CEMETERY OR CREMATORY -	24D. LOCATION (City, town, or county) (State) Harlan, Ky.
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DATE RECEIVED BY LOCAL REGISTRAR JUN 24 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm. J. Eickner & Sons	ADDRESS Balto. 17, Md.
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NOT A MEDICAL EXAMINER'S CASE

William H. Smith
M.D.
CHIEF OR ASS'T. MEDICAL EXAMINER

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5806**

52 5806
BIRTH NO.

1. NAME OF DECEASED (Type or Print) HENRY F. MAUPAI			2. DATE OF DEATH June 24, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE New York b. COUNTY Y-29		
b. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brooklyn		
c. Length of stay in Baltimore			d. STREET ADDRESS (If rural, give location) 350 CARLTON AVE		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 26, 1884		9. AGE (In years last birthday) 68
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Messenger		10b. KIND OF BUSINESS OR INDUSTRY STEAMSHIPPING	11. BIRTHPLACE (State or foreign country) N.Y.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Frederick Maupai			14. MOTHER'S MAIDEN NAME MARIE WALDHACK		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Brooklyn MRS. ANNA G. MAUPAI 350 CARLTON AVE		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic cardiovascular disease		
(B) Arteriosclerotic cardiovascular disease		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an **partial autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE <i>William W. ...</i>		23b. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23c. DATE SIGNED June 24, 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 6-24-52		24c. NAME OF CEMETERY OR CREMATORY Brooklyn N.Y.	
24d. LOCATION (City, town, or county) (State) Brooklyn N.Y.		25. FUNERAL DIRECTOR Huntington Williams, M.D. Wm. J. Tucker + Sons		ADDRESS Bald 17 Md.	

MEDICAL CERTIFICATION

1900

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T-460

52 5807

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5807

1. NAME OF DECEASED (Type or Print) R. E. LEE TAYLOR		2. DATE OF DEATH JUNE 23, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE MD. B. COUNTY BALTO.	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3209 N. CHARLES ST.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO. 12-02	
c. Length of stay in Baltimore 37 YRS.		D. STREET ADDRESS (If rural, give location) 3209 N. CHARLES ST.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APR. 9, 1882
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ARCHITECT		9. AGE (In years last birthday) 70	
10B. KIND OF BUSINESS OR INDUSTRY SELF		11. BIRTHPLACE (State or foreign country) VA.	
13. FATHER'S NAME COL. WALTER H. TAYLOR		12. CITIZEN OF WHAT COUNTRY? U.S.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		14. MOTHER'S MAIDEN NAME ELIZABETH SAUNDERS	
16. SOCIAL SECURITY NO. —		17. INFORMANT ADDRESS MRS. L. G. TAYLOR ABOVE	
18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Metastatic carcinoma of the		CAUSE OF DEATH Brain & liver	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) 3 months (B) 15 months (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. none			
19A. DATE OF OPERATION Feb '51 - Feb '52		19B. MAJOR FINDINGS OF OPERATION Co of colon - ditto	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) none	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. TIME (Month) (Day) (Year) (Hour) INJURY —		21F. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from Dec 1938 to June 23, 1952 , that I last saw the deceased alive on June 22, 1952 , and that death occurred at 2:30 A. m. , from the causes and on the date stated above.			
23A. SIGNATURE Harry H. Thompson M.D.		23B. ADDRESS 1201 N. Lombard St	
23C. DATE SIGNED June 24, 52			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 6-25-1952	
24C. NAME OF CEMETERY OR CREMATORY ELMWOOD		24D. LOCATION (City, town, or county) (State) NORFOLK VA.	
DATE RECEIVED BY UN 24 1952		25. FUNERAL DIRECTOR H. W. JENKINS & SONS Co. 4905 YORK RD	

DR. H. M. THOMAS JR

1201 N. CALVERT

Dr. H. M. Thomas

1201 N. Calvert St 10 a.m.

D163
52 5808

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5808

1. NAME OF DECEASED (Type or Print) AGNES DREWRY DEFORD			2. DATE OF DEATH 6-22-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baldwin		
c. Length of stay in Baltimore ? Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 5200		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 6-16-84	9. AGE (In years last birthday) 68	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Samuel D. Drewry			14. MOTHER'S MAIDEN NAME Alice Magill		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. ✓		
			17. INFORMANT Hospital Record ADDRESS		

18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.	CAUSE OF DEATH (A) Cerebro-vascular accident DUE TO (B) Hypertensive vascular disease DUE TO (C) Pernicious anemia	INTERVAL BETWEEN ONSET AND DEATH 10 hrs.
--	--	--

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-22 , 19 54 , to 6-22 , 19 54 , that I last saw the deceased alive on 6-22 , 19 52 and that death occurred at 10:00 a.m., from the causes and on the date stated above.					
23A. SIGNATURE Wm. D. Anderson		23B. ADDRESS Union Memorial Hospital M. D.		23C. DATE SIGNED 6-22-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 25 1952		24C. NAME OF CEMETERY OR CREMATORY Trinity Church	
24D. LOCATION (City, town, or county) Long Green Md		24E. STATE (State) Md		25. FUNERAL DIRECTOR H. Perkins ADDRESS 5440 York Rd	

MEDICAL CERTIFICATION

ENTIRETY OF EARTH

M-620
52 5809
BIRTH NO. 52-14287

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5809

1. NAME OF DECEASED (Type or Print) SUSAN BRANDT MEYERS		2. DATE OF DEATH 23 June 52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY Carroll	
B. FULL NAME OF (If not in hospital or institution, give street address or location) The Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) TMT. Airy	
C. Length of stay in Baltimore 2 Yrs. Mo. Days		D. STREET ADDRESS (If rural, give location) ROUTE # 2 5600	
5. SEX F	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 22 June 52
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Newborn		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 1 13
11. BIRTHPLACE (State or foreign country) MD		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Norman F Meyers		14. MOTHER'S MAIDEN NAME Margaret Lucille Lutech	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. No	
17. INFORMANT Norman F Meyers		ADDRESS Route # 2 Tmt. Airy Md.	
18. 776x CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO			INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 22 June 1952 to 23 June 1952 that I last saw the deceased alive on 22 June 1952 and that death occurred at 9:15 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE A. S. Nash M. D.		23B. ADDRESS Union Memorial Hosp	
23C. DATE SIGNED 23 June 52			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 6/24/52	
24C. NAME OF CEMETERY OR CREMATORY Int Ove Cem		24D. LOCATION (City, town, or county) (State) Randalltown Md.	
DATE RECEIVED BY JUN 24 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR E. W. Lamoreaux		ADDRESS 4510 Liberty Heights Ave	

MEDICAL CERTIFICATION

1650
52 5810

Warren
52 5810

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) *Emory Warren*

2. DATE OF DEATH *6-22-52*

3. PLACE OF DEATH:
A. Baltimore City, Maryland *Swain Hop.*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *md* B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION *Swain Hospital of Balt.*

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Baltimore Ma 26-07*

7. STREET ADDRESS (If rural, give location) *4801 Eastern*

8. DATE OF BIRTH *9-15-83*

9. AGE (In years last birthday) *68*

10. SEX *M*

11. COLOR OR RACE *W*

12. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Press Operator*

14. KIND OF BUSINESS OR INDUSTRY *Glenn Martin*

15. BIRTHPLACE (State or foreign country) *Balt - Md.*

16. CITIZEN OF WHAT COUNTRY? *U.S.A.*

17. FATHER'S NAME *AIRPLANES (M)*

18. MOTHER'S MAIDEN NAME

19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

20. SOCIAL SECURITY NO.

21. INFORMANT *Emma Mandis*

22. ADDRESS *4801 Eastern Ave.*

23. CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Ca of Block
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
Gr. Circumstances
DUE TO
(C)

24. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

25. DATE OF OPERATION

26. MAJOR FINDINGS OF OPERATION

27. AUTOPSY?
YES ☒ NO ☐

28. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

29. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

30. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

31. TIME (Month) (Day) (Year) (Hour) INJURY

32. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

33. HOW DID INJURY OCCUR?

34. I hereby certify that I attended the deceased from *4-14*, 19*52* to *6-22*, 19*52* that I last saw the deceased alive on *6-22*, 19*52* and that death occurred at *6 p.m.*, from the causes and on the date stated above.

35. SIGNATURE *Proctor* M. D.

36. ADDRESS *Swain Hospital*

37. DATE SIGNED *6-23-52*

38. BURIAL, CREMATION, REMOVAL (Specify)

39. DATE *6-27-52*

40. NAME OF CEMETERY OR CREMATORY *Spring Hill*

41. LOCATION (City, town, or county) (State) *Lynchburg Va.*

42. REGISTRAR'S SIGNATURE *Huntington Williams*

43. FUNERAL DIRECTOR *W. Kelly & John*

44. ADDRESS *4838 Wap St*

VS 150
690 3T

[Faint, illegible handwriting throughout the page]

00 52 5811

52 5811

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Celia Hill</i>			2. DATE OF DEATH <i>June 23, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>6512 Colgate Ave</i>			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Ind</i> B. COUNTY <i>26-36</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION —			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore —			D. STREET ADDRESS (If rural, give location) <i>6512 Colgate Ave</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>March 8, 1875</i>	9. AGE (In years last birthday) <i>77</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10B. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) <i>Pa</i>		12. CITIZEN OF WHAT COUNTRY? —
13. FATHER'S NAME <i>Cornelius Snyder</i>			14. MOTHER'S MAIDEN NAME <i>Susan Baba</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) —		16. SOCIAL SECURITY NO. —	17. INFORMANT ADDRESS <i>Robert Grumbach 6512 Colgate Ave</i>		
18. <i>153X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of colon</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH <i>2 years</i>		
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1950</i> , to <i>23 June, 1952</i> , that I last saw the deceased alive on <i>22 June, 1952</i> and that death occurred at <i>6 A. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>B. W. David</i>		23B. ADDRESS <i>2900 Dunbar Rd.</i>		23C. DATE SIGNED <i>6/23/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>June 25 1952</i>		24B. DATE <i>June 25 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Meadow Ridge</i>	
24D. LOCATION (City, town, or county) <i>2112 Dunbar Ave</i>		24E. FUNERAL DIRECTOR <i>William H. Williams, M.D.</i>		24F. ADDRESS <i>2112 Dunbar Ave</i>	

MEDICAL CERTIFICATION

UN 241952

2900 Dmway

320

52 5812

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5812

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elizabeth Dietz

2. DATE
OF
DEATH

June 23/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2017 E. Monument St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

2017 E. Monument St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore Md. 7-05

c. Length of stay in Baltimore

65yrs

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widow10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
none10B. KIND OF BUSINESS OR INDUSTRY
none

13. FATHER'S NAME

Joseph Kaiser

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

Sept. 23, 1872

9. AGE (In years last birthday)

79

11 Under 1 Year Months Days 11 Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Josephine Waldhauser

17. INFORMANT

Mrs. Josephine Gomeringer

ADDRESS

Stehmers Run Rd. Md. Box 179 Route 16

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Chron. Cardio-renal disease cum hypertension

DUE TO

18

1 wk

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1945, to June 23, 1952, that I last saw the deceased alive on June 19, 1952, and that death occurred at 11:00 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Frank J. Ayer, Sr.

M. D.

23B. ADDRESS

2005 E. Monument St

23C. DATE SIGNED

6/24/52

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

June 26/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Philip H. Hargis

ADDRESS

2024 Orleans St.

JUN 24 1952

VS 150

MEDICAL CERTIFICATION

160

52 5813

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5813

BIRTH NO.

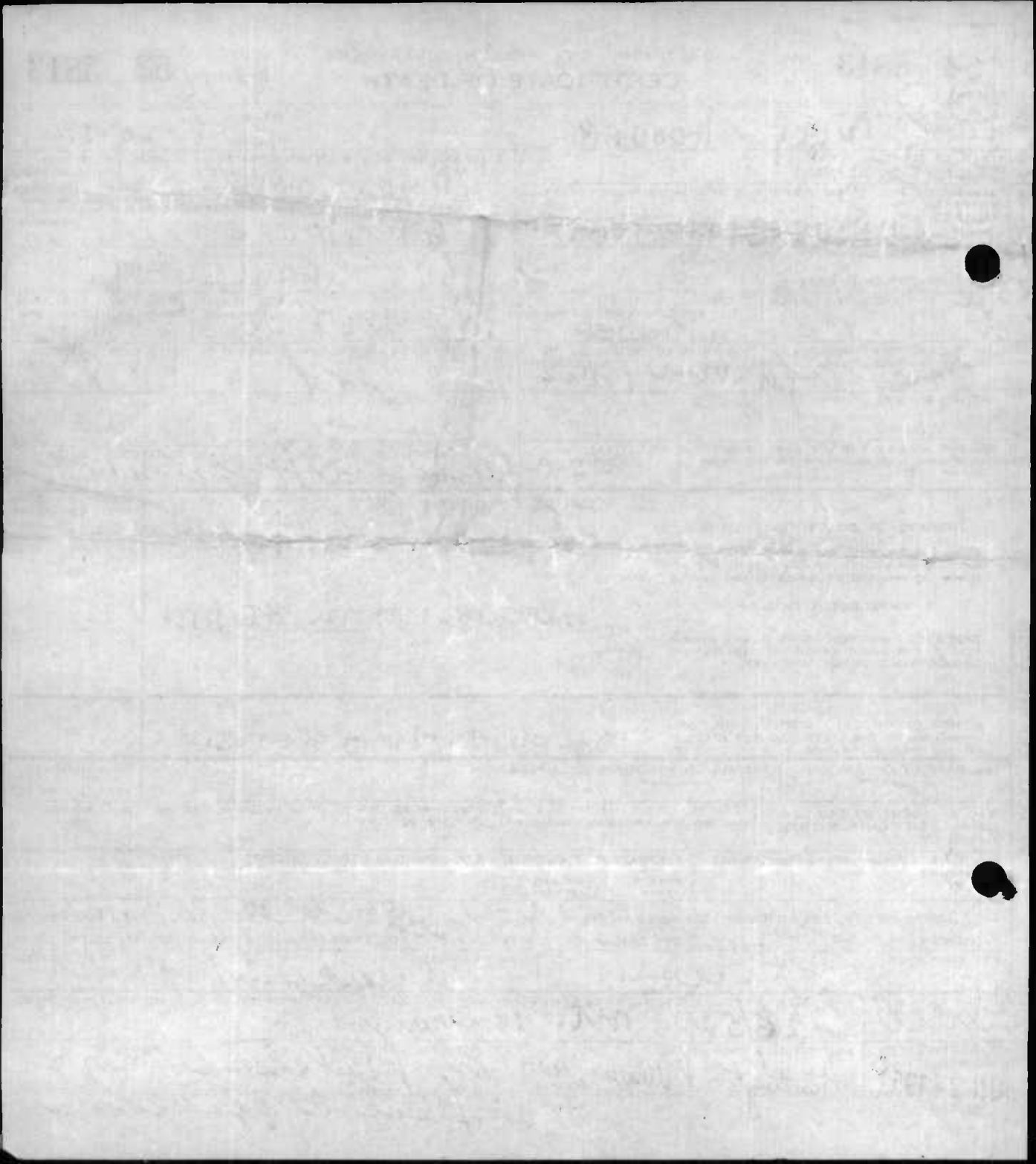
1. NAME OF DECEASED (Type or Print) LUCY HOOVER-		2. DATE OF DEATH 6-20-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) UNIVERSITY HOSP		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE-17-01	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 678 BRADLEY ST.	
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH ?-?-1867
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		9. AGE (in years last birthday) 85	
10B. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) MD	
13. FATHER'S NAME -		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		14. MOTHER'S MAIDEN NAME -	
16. SOCIAL SECURITY NO. -		17. INFORMANT Russell Hyde ADDRESS 678 Bradley St.	

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CEREBRAL HEMORRHAGE	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ARTERIO-SCLEROTIC HT. DIS.	(A) DUE TO (B) DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. MALNUTRITION + KETOSIS.	
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19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-17-52 to 6-20-52 , that I last saw the deceased alive on 6-20-52 , and that death occurred at 9:15 PM , from the causes and on the date stated above.					
23A. SIGNATURE J. B. Reeves		23B. ADDRESS University Hosp.		23C. DATE SIGNED 6-20	

24. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/26/52		24C. NAME OF CEMETERY OR CREMATORY mt. Auburn		24D. LOCATION (City, town, or county) (State)	
LOCAL REGISTRAR JUN 24 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR A. Halstead		ADDRESS David Hall	



52 5814		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		52 5814 Registered No. _____	
BIRTH NO. _____					
1. NAME OF DECEASED (Type or Print) <i>MARKEEN</i> <i>Elsie M. Sheain</i>			2. DATE OF DEATH <i>6/23/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY _____		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Sinai Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE 27-18</i>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>4931 DENMORE AVE A15</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>SINGLE</i>	8. DATE OF BIRTH <i>11/24/22</i>	9. AGE (in years last birthday) <i>30</i>	If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Marker</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Thut Dept Store</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>	12. CITIZEN OF WHAT COUNTRY? <i>US</i>
13. FATHER'S NAME <i>Francis E Sheain</i>			14. MOTHER'S MAIDEN NAME <i>Florence L Yeo</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Florence L Sheain 4931 Denmore Ave</i>	
18. <i>581.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>HEPATIC COMA</i> DUE TO (A) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Cirrhosis of Liver</i> DUE TO (B) _____ (C) _____			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>✓</i>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>5/26</i> , 19 <i>52</i> to <i>6/23</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>6/23</i> , 19 <i>52</i> , and that death occurred at <i>3:15 Am.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Max J Miller</i>		23B. ADDRESS <i>Sinai Hospital</i>		23C. DATE SIGNED <i>6/23/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>June 26/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Druid Ridge</i>	24D. LOCATION (City, town, or county) (State) <i>Pikesville Maryland</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 24 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>5005 Pk. Hyattsville</i>	
VS 150 <i>390 6C</i>					

1138 84

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STANDARD OF GRADE

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5815**

52 5815
BIRTH NO.

1. NAME OF DECEASED (Type or Print) **HARRY E. WALTER** 2. DATE OF DEATH **6/23/52**

3. PLACE OF DEATH:
A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **University Hospital** C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Baltimore 2-6-03**

D. STREET ADDRESS (If rural, give location) **3224 Dudley Ave**

c. Length of stay in Baltimore Yrs. Mos. Days

5. SEX **male** 6. COLOR OR RACE **white** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **married** 8. DATE OF BIRTH **May 22-1892** 9. AGE (in years last birthday) **60** If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) **Steam Fitter** 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) **Balto Co. Md** 12. CITIZEN OF WHAT COUNTRY? **✓**

13. FATHER'S NAME **John H. Walter** 14. MOTHER'S MAIDEN NAME **Anna M. Jasper**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT **Mrs. Marie Walter** ADDRESS **3224 Dudley**

18. **491X** CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) **Broncho pneumonia** **3 days**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. **Chronic passive congestion** **?**

Bronchiectasis **30 yr**

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **✓** 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour) INJURY 21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6/21** 19**52**, to **6/23**, 19**52**, that I last saw the deceased alive on **6/23**, 19**52**, and that death occurred at **4:25** a.m., from the causes and on the date stated above.

23A. SIGNATURE **H. Jundtfelder** M. D. 23B. ADDRESS **University Hosp.** 23C. DATE SIGNED **6/23/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **6/26/52** 24C. NAME OF CEMETERY OR CREMATORY **Baltimore** 24D. LOCATION (City, town, or county) (State) **Baltimore, Md**

DATE RECEIVED BY LOCAL REGISTRAR **JUN 24 1952** REGISTRAR'S SIGNATURE **Huntington Williams, MD** 25. FUNERAL DIRECTOR **L. Buck** ADDRESS **5305 Harford Rd**

57424

DEPARTMENT OF HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1915

CAUSE OF DEATH

DIAGNOSIS OF DISEASE

PROBABLE CAUSE

BY THE SIGNATURE OF THE PHYSICIAN

DATE OF DEATH

PLACE OF DEATH

NAME OF DECEASED

AGE

SEX

RACE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

115
52 5816BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5816

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOHN LAWRENCE SULLIVAN			2. DATE OF DEATH June 24, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 618 E. 34th Street - 18		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 10, 1890	9. AGE (In years last birthday) 61	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner		10B. KIND OF BUSINESS OR INDUSTRY Sewer Contractor	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME James Sullivan			14. MOTHER'S MAIDEN NAME Margaret Kennedy		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) yes World War No. 1		16. SOCIAL SECURITY NO. 219-30-3803	17. INFORMANT ADDRESS Mrs. Olive M. Sullivan - 618 E. 34th St.		

18. 162X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Branchogenic Carcinoma of Lung DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from June 4th, 1952 to June 24th 1952 , that I last saw the deceased alive on June 24, 1952 and that death occurred at 1:00 a.m. , from the causes and on the date stated above.				
23A. SIGNATURE H. J. [Signature]		23B. ADDRESS 1400 N. Caroline Street - 13		23C. DATE SIGNED June 24, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/27/52	24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.
DATE RECEIVED BY LOCAL REGISTRAR JUN 24 1952		REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR'S ADDRESS W. E. [Signature] & Sons Balto. 17, Md.

VS 150
29024

1914

CERTIFICATE OF DEATH

1914

1. Name of deceased
2. Sex
3. Age
4. Date of death
5. Place of death
6. Cause of death
7. Signature of physician
8. Signature of registrar
9. Signature of informant

10. Name of informant
11. Address of informant
12. Date of registration
13. Registrar's signature
14. Registrar's office
15. Registrar's title

35
52 5817BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5817
Registered No. _____

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
MARY THERESA VORDEMBERGE		June 21, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION Anderson Nursing Home 3604 Mohawk Ave.		A. STATE Md. C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 28-41 D. STREET ADDRESS (If rural, give location) 3704 Gwynn Oak Ave.	
c. Length of stay in Baltimore		8. DATE OF BIRTH	
5. SEX Female		Nov. 6, 1865	
6. COLOR OR RACE white		9. AGE (in years last birthday) 86	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed		If Under 1 Year Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Maryland	
10B. KIND OF BUSINESS OR INDUSTRY at home		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Frank Keider		14. MOTHER'S MAIDEN NAME -	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Mr. William F Vordemberge-734 Beechfield Ave.		ADDRESS	
18. 446X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Anemia from arteriosclerotic nephritis DUE TO (A) _____ (B) _____ (C) _____ INTERVAL BETWEEN ONSET AND DEATH 2 days.			
19. DATE OF OPERATION		20. AUTOPSY?	
19A. MAJOR FINDINGS OF OPERATION		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour)	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/3 1941, to 6/21 1952, that I last saw the deceased alive on 6/21 1952, and that death occurred at 10:45 p. m., from the causes and on the date stated above.			
23A. SIGNATURE Robert A. Peter		23B. ADDRESS M. D. 340 F Vordember Ave	
23C. DATE SIGNED 6/23/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/25/52	
24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.		24D. LOCATION (City, town, or county) (State) Pikesville, Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 24 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
VS 150		25. FUNERAL DIRECTOR Thome & Schaner & Sons Balto. 17, Md.	

52 5818

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5818

1. NAME OF DECEASED (Type or Print) <i>Unknown</i>		2. DATE OF DEATH April 8, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE _____ B. COUNTY _____	
B. FULL NAME OF _____ (If not in hospital or institution, give street address or location)		C. CITY OR TOWN _____ (If outside corporate limits, write RURAL and give township)	
Baltimore City Morgue		D. STREET ADDRESS (If rural, give location) _____	
C. Length of stay in Baltimore _____ Yrs. Mos. Days			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) 60	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
13. FATHER'S NAME _____		12. CITIZEN OF WHAT COUNTRY?	
14. MOTHER'S MAIDEN NAME _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT _____		ADDRESS _____	

18. <i>E 929.8</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Drowning DUE TO CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Harbor		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Pier 7, Clinton Street	
21D. TIME (Month) (Day) (Year) (Hour) INJURY Found: 4/8/52 7:30 A. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Found drowned	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input checked="" type="checkbox"/> .					
23A. SIGNATURE <i>William H. Lewis</i> M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED April 8, 1952	

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
JUN 24 1952		Huntington Williams, M.D.		PUBLIC CEMETERY JUN 13 1952		25. FUNERAL DIRECTOR Commissioner of Health	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR		ADDRESS	
VS 151		N 990X		Public Cemetery, Baltimore, Md.		2/10/52	

42 52 5819

52 5819

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. *Non Res*1. NAME OF DECEASED
(Type or Print)*Gloria Gillespie*2. DATE
OF
DEATH*6/24/52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*Mercy Hospital*

C. Length of stay in Baltimore

*?*Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

*W*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*S*10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

*Thomas Gillespie*15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

*April 28, 1950*9. AGE (In years
last birthday)*2*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

*South Carolina*12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Sarah Hudson

17. INFORMANT

ADDRESS

*Thomas Gillespie, 1801 Barclay St.*1B. *010X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *TB mening. ts*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *6/23*, 19*52*, to *6/24*, 19*52* that I last saw the
deceased alive on *6/24*, 19*52* and that death occurred at *1:50* A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. O. Medicine

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

*6/24/52*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6/24/52

24C. NAME OF CEMETERY OR CREMATORY

Pickens

24D. LOCATION (City, town, or county)

*Easton, South Carolina*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD

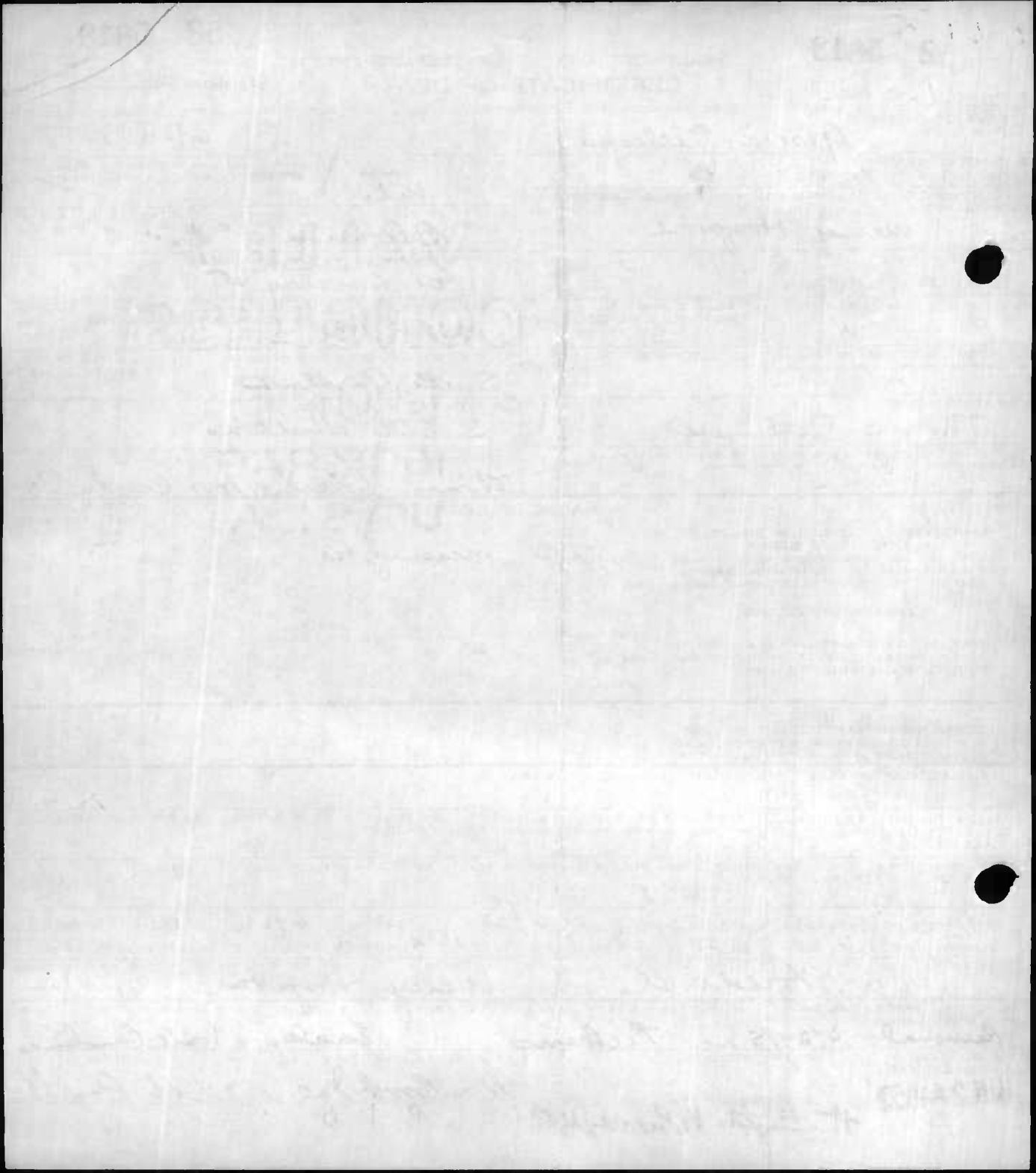
25. FUNERAL DIRECTOR

ADDRESS

H. M. Cook, Inc., 1217 St Paul St

VS 150

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52 5820

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5820

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) ALVERTA MARSELLA RECK			2. DATE OF DEATH JUNE 24, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MARYLAND B. COUNTY _____		
5. FULL NAME OF HOSPITAL OR INSTITUTION 309 S BENTLEY ST.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 20-05		
C. Length of stay in Baltimore LIFE			D. STREET ADDRESS (If rural, give location) 309 S. BENTLEY ST.		
5. SEX FEMALE	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH August 31, 1902		9. AGE (In years last birthday) 49
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10B. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME ROBERT F. RECK			14. MOTHER'S MAIDEN NAME Mary Steg		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT ADDRESS EDNA THOMAS 309 S. BENTLEY ST.		

18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Breast (A) _____ DUE TO Metastatic		INTERVAL BETWEEN ONSET AND DEATH May 1949
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO (C) _____		

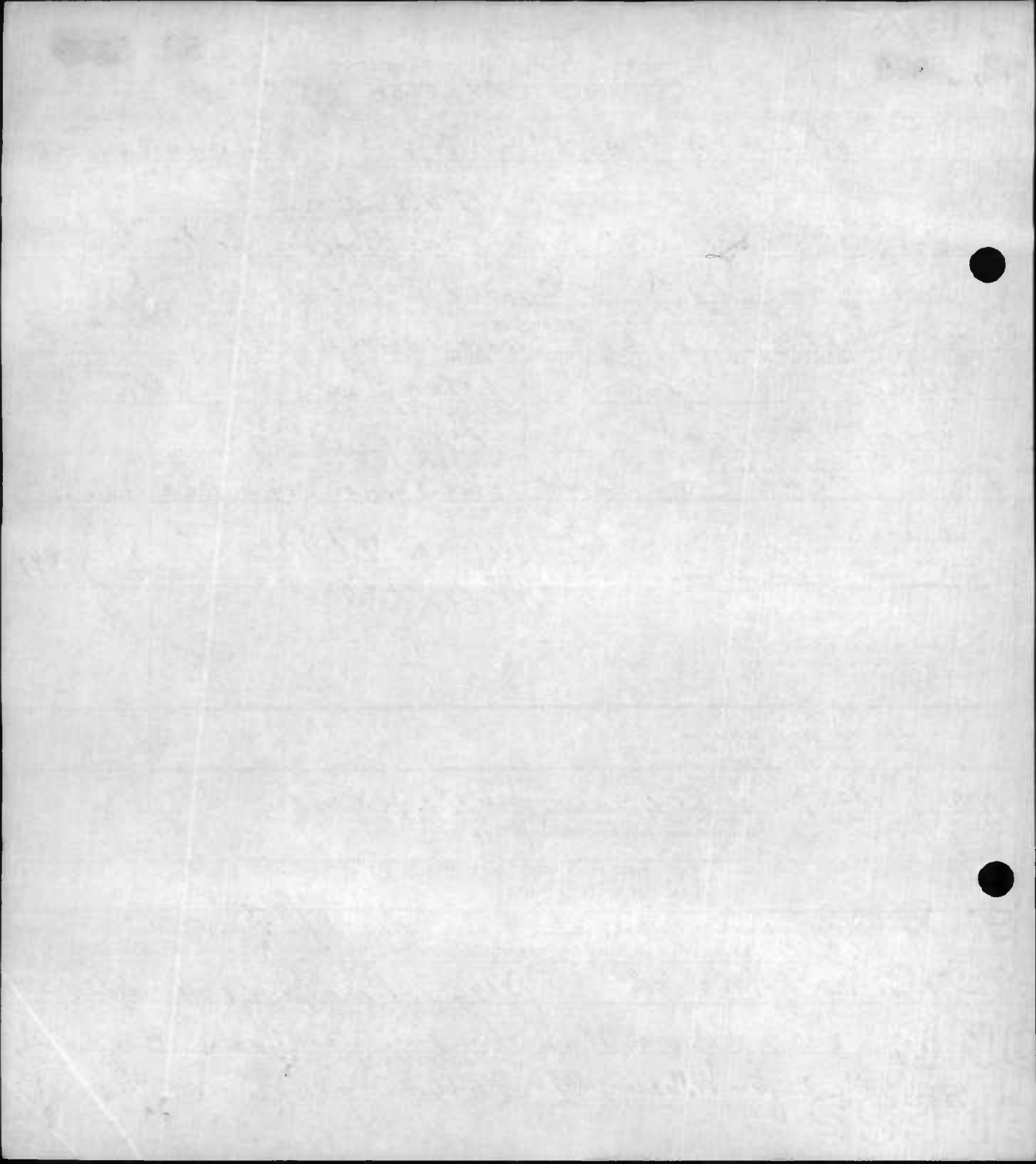
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION May 9 - 1949		19B. MAJOR FINDINGS OF OPERATION Carcinoma of Breast		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **May 9**, 19**51**, to **6/24**, 19**52**, that I last saw the deceased alive on **6/24**, 19**52**, and that death occurred at **11:50 AM.**, from the causes and on the date stated above.

23A. SIGNATURE **Charles Cahn** M. D. 23B. ADDRESS **2145 W. Baltimore St.** 23C. DATE SIGNED **6/24/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 6-27-52		24C. NAME OF CEMETERY OR CREMATORY WOODLAWN CEMETERY		24D. LOCATION (City, town, or county) (State) WOODLAWN, MARYLAND	
DATE RECEIVED BY LOCAL REGISTRAR JUN 25 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR George K. Schwab		ADDRESS 2101 Frederick Ave.	



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52 5821In Vacation Return July 14th
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5821
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Robert Joseph Weber			2. DATE OF DEATH June 23, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY Balto		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2803 Roselawn Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 27-06		
C. Length of stay in Baltimore 31 Yrs. 3 Mos. 0 Days			D. STREET ADDRESS (If rural, give location) 2803 Roselawn		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-23-21	9. AGE (In years last birthday) 31	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Payroll clerk		10B. KIND OF BUSINESS OR INDUSTRY Beth. Steel Co.	11. BIRTHPLACE (State or foreign country) Balto.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Frank Joseph Weber			14. MOTHER'S MAIDEN NAME Anna Krammer		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) yes 2nd World War		16. SOCIAL SECURITY NO. 219-08-4021	17. INFORMANT Wife		

18. E 965X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Epileptic convulsions DUE TO Cerebral trauma DUE TO CERTIFICATION APPROVED BY R. J. Fisher M.D. CHIEF, ACCIDENT & INJURY DIV.	INTERVAL BETWEEN ONSET AND DEATH 10 years 10 years		
19. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) Accident	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Europe	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) European theatre of war - Walden, N.Y.
21D. TIME (Month) (Day) (Year) (Hour) 1942 m.	21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? Aeroplane accident.

22. I hereby certify that I attended the deceased from **June 7, 1952** to **June 23, 1952**, that I last saw the deceased alive on **June 7, 1952**, and that death occurred at **9th A.M.**, from the causes and on the date stated above.

23A. SIGNATURE R. Donald Jandorf M.D.	23B. ADDRESS 6077 Harford Rd	23C. DATE SIGNED 6-23-52
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24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 6/25/52	24C. NAME OF CEMETERY OR CREMATORY NATIONAL	24D. LOCATION (City, town, or county) (State) BALTO. Md.
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DATE RECEIVED BY LOCAL REGISTRAR JUN 25 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR PAUL H. FREEMANN	ADDRESS 6067 HARFORD Rd.
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52 5822

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5822
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Jennie A. Green</i>		2. DATE OF DEATH <i>6-21-1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>1408 E. Chase St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 10-01</i>	
C. Length of stay in Baltimore <i>50 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>1408 E. Chase St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>10-23-1885</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>At home</i>	9. AGE (In years last birthday) <i>66</i>
13. FATHER'S NAME <i>Sermiah Smith</i>		11. BIRTHPLACE (State or foreign country) <i>Blair, Nebraska</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	14. MOTHER'S MAIDEN NAME <i>Unknown</i>
17. INFORMANT <i>Janet G. Spence</i>		ADDRESS <i>1408 E. Chase St.</i>	
1B. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>hypertensive cardio-vascular disease</i>		CAUSE OF DEATH (A) <i>hypertensive cardio-vascular disease</i> DUE TO	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>arterio-sclerosis</i>		(B) DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) DUE TO	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Jan 1946</i> to <i>June 21, 1952</i> that I last saw the deceased alive on <i>6-18, 1952</i> and that death occurred at <i>8:10 p.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS <i>1500 EAST B. AVE. BALTIMORE 5, MD.</i>	
23C. DATE SIGNED <i>6-24-52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>6-25-1952</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore National Cem. Baltimore, Maryland</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore, Maryland</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 25 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>Collick</i>		ADDRESS <i>1412 E. Preston St.</i>	

52 5823

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5823

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EUGENE NEESE

2. DATE
OF
DEATH

June 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

Maryland General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2006 Park Avenue

C. Length of stay in Baltimore

15 Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE. MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

6-9-22

9. AGE (In years
last birthday)

30

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

chauffeur

10B. KIND OF BUSINESS OR
INDUSTRY

taxi

11. BIRTHPLACE (State or foreign country)

Baltimore County, Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Carl Neese

14. MOTHER'S MAIDEN NAME

Margaret McCann

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

W.W. II

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Fred Boom

821 W. North Ave.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐

23C. DATE SIGNED

M.D.

MEDICAL INVESTIGATOR.....☒

June 24, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

6-26-52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

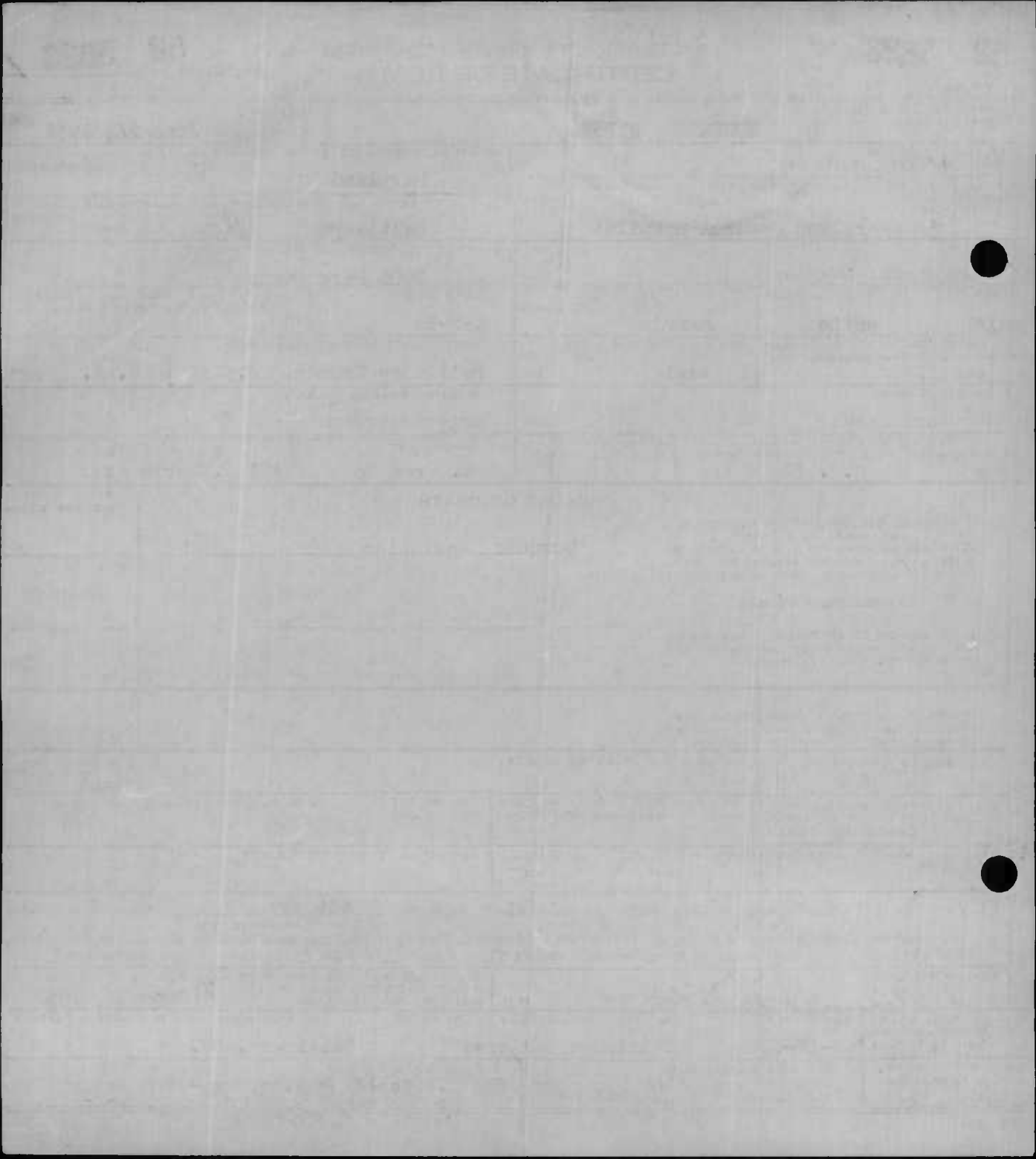
25. FUNERAL DIRECTOR

ADDRESS

JUN 25 1952

Huntington Williams

John O. Mitchell & Sons, Inc. 1900 Eutaw Place



52 5824

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5824

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LEVY		2. DATE OF DEATH June 22, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
5. Length of stay in Baltimore 20 Yrs.		D. STREET ADDRESS (If rural, give location) 1033 N. Eutaw Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug. 21, 1897
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY In General	
13. FATHER'S NAME Ash Powell		14. MOTHER'S MAIDEN NAME Mary E. Hayes	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO.	
17. INFORMANT Judson S. Dukes		ADDRESS Whiteville N.C.	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive Cardiovascular Disease		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cerebellar Hemorrhage		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <i>Stanley K. Henderson</i> M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 6/23/52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/26/1952	24C. NAME OF CEMETERY OR CREMATORY Mt Olive Cem.	24D. LOCATION (City, town, or county) (State) Mt Olive N.C.
DATE RECEIVED BY LOCAL REGISTRAR JUN 25 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Elmer O. Wilson</i> 1000 Beatty ave

1952

CERTIFICATE OF DEATH

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52 5825

52 5825

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

1. NAME OF DECEASED (Type or Print) GEORGE H. MARSHALL		2. DATE OF DEATH JUNE 28-52	
3. PLACE OF DEATH: a. Baltimore City, Maryland 1213 ASHBURTON ST		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE MARYLAND b. COUNTY 16-01	
b. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
c. Length of stay in Baltimore 50 YRS.		d. STREET ADDRESS (If rural, give location) 1213 ASHBURTON ST	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH AUG. 20-1866
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (in years last birthday) 86	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) TALBOT Co. MARYLAND	
13. FATHER'S NAME AUTHER		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		14. MOTHER'S MAIDEN NAME SANDERS - LYDIA	
16. SOCIAL SECURITY NO.		17. INFORMANT MRS. MARIA LAMPLE	
18. 156.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of liver DUE TO Arteriosclerotic Cardio-vascular disease ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Semility - Asthma		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 1st , 1949, to June 25 , 1952, that I last saw the deceased alive on June 25 , 1952 and that death occurred at 24 m., from the causes and on the date stated above.			
23a. SIGNATURE W. B. Gentry		23b. ADDRESS 3033 W. North Ave	
23c. DATE SIGNED 6/26/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 25-52	
24c. NAME OF CEMETERY OR CREMATORY DEVID RIDGE		24d. LOCATION (City, town, or county) (State) Pikesville MARYLAND	
DATE RECEIVED BY LOCAL REGISTRAR JUN 25 1952		REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR W. B. Gentry		ADDRESS 4600 LIBERTY HTS AVE	

1982

UNITED STATES DEPARTMENT OF AGRICULTURE
NATIONAL AGRICULTURAL EXPERIMENT STATION



52 5826

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5826
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DAVID APATOFF

2. DATE
OF
DEATH

6-24-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution residence before admission)

A. STATE

B. COUNTY

Md

15-11

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3909 Kelton Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3909 Kelton Road

c. Length of stay in Baltimore

40 Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

63

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Blue Manager

10B. KIND OF BUSINESS OR INDUSTRY

PRINTING

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Harold

14. MOTHER'S MAIDEN NAME

Fannie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Bessie Apatoff - Fannie

18. 450.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cardiac Failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerosis

DUE TO

(C)

Bilateral Lung Arteriosclerosis
also a few arteries. Tissue hardINTERVAL BETWEEN
ONSET AND DEATH

15 min

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from 6-22-52 to 6-24-52, that I last saw the deceased alive on 6-24-52, and that death occurred at 11:00 m., from the causes and on the date stated above.

23A. SIGNATURE

S. D. Resnik

23B. ADDRESS

3244 Rutledge Ave

23C. DATE SIGNED

6/24/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL HEALTH DEPT

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 25 1952

Huntington Williams, Jr. Jack Leary 2100 Canton St

Lisauassy
3210 Liberty Hgts
Mo 3085

650
52 5827BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5827

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Brown, Clara Augusta

2. DATE OF DEATH 3:30 AM
JUNE 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

30 Provident Hospital Emergency Room

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

NOT GIVEN

9. AGE (in years last birthday)

68

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Mathews

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Emma Wallace

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

Yes, no or unknown

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Lawrence Brown 1644 N. Monroe

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral vascular accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Hypertension

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

1644 N. Monroe St. Baltimore, Md

21D. TIME (Month) (Day) (Year) (Hour) INJURY

JUNE 24

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

GLASS 2 6/24/52

22. I hereby certify that I attended the deceased from 3:15 am, 19, to 3:30 am, 19, that I last saw the deceased alive on 6/24/52, 19, and that death occurred at 3:30 am, from the causes and on the date stated above.

23A. SIGNATURE

Dyson Jones

M. D.

23B. ADDRESS

Provident Hospital

23C. DATE SIGNED

JUNE 24, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6-27-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL HEALTH DEPARTMENT

JUN 25 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Joseph S. Lock, Jr. 1304 N. Central Ave

ADDRESS

NOT A MEDICAL EXAMINER'S CASE

S. J. Durlacher M.D.
CHIEF OR ASST. MEDICAL EXAMINER

515
52 5828ANVENT
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5828

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rodolfo Anvent

2. DATE
OF
DEATH

June 24/1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Ven.

B. COUNTY

Santh America

C. CITY OR TOWN

Manacillo

(If outside corporate limits, write RURAL and give
township)

9-05

D. STREET ADDRESS (If rural, give location)

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

PHYSICIAN DR

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Rodolfo Anvent

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 465X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

thrombosis in pulmonary artery
with pulmonary infarct

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

thrombosis portalic veins

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

? thrombosis basilar artery

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

19 June 52

No definite abnormalities

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office, etc.)21C. WHERE DID
INJURY OCCUR (If in Baltimore City, give exact location)TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from 6-26, 1952, to 6-24, 1952, that I last saw the
deceased alive on 6-24, 1952, and that death occurred at 4:45 PM, from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24 June 52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6-25-52

24C. NAME OF CEMETERY OR CREMATORY

Las Delicias

24D. LOCATION (City, town, or county) (State)

Venezuela South America

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, Mr. Carl B. Wolverton Funeral Home

07585 403-E-25th St Batto 18 Ind

JUN 25 1952

VS 150

450
52 5829WHELAN
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5829
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Eatherine Whelan</i>			2. DATE OF DEATH <i>June 23, 1952</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 14-01</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) <i>1425 Baltan St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>4-18-00</i>	9. AGE (In years last birthday) <i>52</i>	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Own home</i>		
11. BIRTHPLACE (State or foreign country) <i>Concord, New Hampshire</i>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>Cornwall</i>			14. MOTHER'S MAIDEN NAME <i>Baker</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>					

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Multiple pulmonary emboli</i> DUE TO <i>Phlebotomias R. leg.</i> <i>Arteriosclerotic coronary artery disease with cardiac dilatation & failure</i> (B) <i>Renal infarcts</i> DUE TO <i>L. Cerebral embolus & R. Hemiplegia</i> (C) <i>Female</i> <i>Toxic nodular as the combined</i> <i>Intoxication due to Bromism</i>	INTERVAL BETWEEN ONSET AND DEATH <i>? 2 1/2 mos</i> <i>? 2 1/2 mos</i> <i>3 years</i> <i>6 mos</i> <i>3 years</i> <i>6 years</i> <i>? 15 days</i>
---	--	--

19a. DATE OF OPERATION <i>None</i>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <i>No Accident</i>	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *6-8*, 1952, to *6-23*, 1952, that I last saw the deceased alive on *6-23*, 1952, and that death occurred at *7:50 P. m.*, from the causes and on the date stated above.

23a. SIGNATURE *Thomas E. Van Metre Jr.* M. D. 23b. ADDRESS *JOHNS HOPKINS HOSPITAL* 23c. DATE SIGNED *6-24-52*

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>6/27/52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>New York, New York</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 25 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Wm. G. Gorka Inc.</i>	ADDRESS <i>1212 H. Paul St.</i>

CERTIFICATE OF DEATH

BEFORE ME, the undersigned authority, on this day personally appeared _____

known to me to be the person whose name is subscribed to the foregoing certificate, and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this day of _____ 19__.

Notary Public in and for the State of _____

County Clerk

CASE NO. _____

Deceased

Age _____

Married _____

Occupation _____

Cause of Death _____

Time of Death _____

Place of Death _____

Date of Death _____

Physician

Attending Physician

Medical Examiner

Coroner

Jury

Witness

Witness

Witness

Signature of Deceased

Signature of Next of Kin

Signature of Physician

Signature of Medical Examiner

Signature of Coroner

Signature of Jury

Signature of Witness

Signature of Witness

Signature of Witness

19__

Notary Public

County Clerk

Deceased

Age

Married

Occupation

400

52 5830

52 5830

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

George A. Gilley, Sr.

2. DATE
OF
DEATH

June 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2105 Sidney Avenue

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2105 Sidney Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 4, 1880

9. AGE (in years last birthday)

71

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret. Machinist

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Ship

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)
Yes, no or unknown)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. William Gilley, 2105 Sidney Avenue

18. 177x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

1 year

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21E. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Hard, 1952, to June 23, 1952, that I last saw the deceased alive on June 13, 1952 and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

6/25/52

24C. NAME OF CEMETERY OR CREMATORY

Meadowridge Park Cemetery

24D. LOCATION (City, town, or county)

Dorsey,

(State)

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR,

ADDRESS

JUN 25 1952

Huntington Williams, M.D. & Son, Inc., 1217 St. Paul Street

VS 150

5443L

MEDICAL CERTIFICATION

copy of the original

copy of the original

copy of the original

copy of the original

200

52 5831

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5831

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) JOHN C. LEGG M		2. DATE OF DEATH JUNE 24, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) 28-04	
B. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL		D. STREET ADDRESS (If rural, give location) 500 OVERHILL ROAD		Yrs. Mos. Days	
C. Length of stay in Baltimore 41		5. SEX M		6. COLOR OR RACE W	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH OCT. 12, 1910		9. AGE (In years last birthday) 41	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INVESTMENT BANKER		10B. KIND OF BUSINESS OR INDUSTRY Own Business		11. BIRTHPLACE (State or foreign country) MARYLAND	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME JOHN C. LEGG JR.		14. MOTHER'S MAIDEN NAME MAY APPLE GARTH	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) Yes World War, II		16. SOCIAL SECURITY NO. 215-05-2852		17. INFORMANT ADDRESS WIFE 500 OVERHILL ROAD BALTIMORE	
18. 463X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Migratory Thrombophlebitis DUE TO (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 2-3 weeks		19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION JUNE 17, 1952 JUNE 23, 1952		19B. MAJOR FINDINGS OF OPERATION LIGATION OF RIGHT FEMORAL VEIN TREPINE CEREAL INFARCTION -		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from JUNE 5 , 1952, to JUNE 24 , 1952, that I last saw the deceased alive on JUNE 24 , 1952, and that death occurred at 4:10 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE George S. Watson		23B. ADDRESS M. D. UNION MEMORIAL HOSPITAL		23C. DATE SIGNED JUNE 24, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/25/52		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
24D. LOCATION (City, town, or county) (State) Balto., Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR 29072		24H. ADDRESS Balto 17 Md.		24I. FUNERAL DIRECTOR'S SIGNATURE W. J. Schenker & Sons	

1982 52

THE STATE OF NEW YORK
COUNTY OF ALBANY

1982 52

IN SENATE,
January 11, 1982.

REPORT OF THE

COMMISSIONER OF THE DEPARTMENT OF SOCIAL SERVICES

IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE

ON MAY 1, 1981, CONCERNING THE

PROVISIONS OF THE SOCIAL SERVICES LAW

RELATIVE TO THE

PROTECTION OF THE RIGHTS OF

THE ELDERLY

AND THE

PROTECTION OF THE RIGHTS OF

THE HANDICAPPED

AND THE

PROTECTION OF THE RIGHTS OF

THE ELDERLY

AND THE

PROTECTION OF THE RIGHTS OF

THE HANDICAPPED

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52 5832

CERTIFICATE CORRECTED 7-2-52

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5832

BIRTH NO.		1. NAME OF DECEASED (Type or Print) THOMAS HECKROTTE MARKLAND		2. DATE OF DEATH June 24, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Belt		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY 11-02			
B. FULL NAME OF HOSPITAL OR INSTITUTION Church Home & Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore EAGER, ST.			
c. Length of stay in Baltimore life		D. STREET ADDRESS (If rural, give location) 21 East 3rd St.			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 9-1-1902	9. AGE (in years last birthday) 51	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector		10B. KIND OF BUSINESS OR INDUSTRY Telephone Co.		11. BIRTHPLACE (State or foreign country) md.	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME MARKLAND, Francis		14. MOTHER'S MAIDEN NAME HECKROTTE Mary B.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. ---		17. INFORMANT O. Woodland - 2901 Woodland Ave. W.H. Munroe 320 St Paul Place	

18. 200.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Lymphosarcoma		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH 11 months
DUE TO		(A)	
ANTECEDENT CAUSES		(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO	
		(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **May 1, 1952** to **June 24, 1952**, that I last saw the deceased alive on **June 23, 1952**, and that death occurred at **1:20 pm.**, from the causes and on the date stated above.

23A. SIGNATURE [Signature]	23B. ADDRESS Church Home & Hospital	23C. DATE SIGNED 6/24/52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/27/52	24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.
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DATE RECEIVED BY LOCAL REGISTRAR JUN 25 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm. J. Lickner & Sons	ADDRESS Balto. 17, Md.
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SEP 1971

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STATE OF NEW YORK

OFFICE OF THE ATTORNEY GENERAL

STATE OF NEW YORK

OFFICE OF THE ATTORNEY GENERAL

STATE OF NEW YORK



52 5833

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5833
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Fifty MOORE		2. DATE OF DEATH JUNE 23, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 2008 Brunt, St		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Batto. 17 Md		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO 14-03			
C. Length of stay in Baltimore 52		D. STREET ADDRESS (If rural, give location) 2008 BRUNT ST.			
5. SEX MALE	6. COLOR OR RACE COLORED	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH June 6, 1900	9. AGE (In years last birthday) 52	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10B. KIND OF BUSINESS OR INDUSTRY Gen.		11. BIRTHPLACE (State or foreign country) PETERSBURG VA.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME UNKNOWN		14. MOTHER'S MAIDEN NAME UNKNOWN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 320-07-7865		17. INFORMANT ADDRESS AGNES MOORE 2008 BRUNT ST.	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CARDIO VASCULAR DISEASE DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CEREBRAL HEMORRHAGE DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH CARDIO VASCULAR DISEASE CEREBRAL HEMORRHAGE		INTERVAL BETWEEN ONSET AND DEATH 1 YR. 2 DAYS	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from JUNE 17, 1952 to JUNE 23, 1952 that I last saw the deceased alive on JUNE 23, 1952 and that death occurred at 9:00 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE William F. Fry		23B. ADDRESS 1928 Penna Ave		23C. DATE SIGNED 6/25/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/27/52		24C. NAME OF CEMETERY OR CREMATORY Int. Queen	
24D. LOCATION (City, town, or county) (State) Int. Queen		24E. FUNERAL DIRECTOR Joseph L. R...		24F. ADDRESS 1200m'ulloh st	
DATE RECEIVED BY JUN 25 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		95099	

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R-220
52 5834BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5834
Registered No.

1. NAME OF DECEASED Type or Print <i>Michael L. Rykowski</i>		2. DATE OF DEATH <i>June 23 1952</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Balta. City Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
6. Length of stay in Baltimore <i>55 years</i>		D. STREET ADDRESS (If rural, give location) <i>2706 Hudson Street</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>July 21 1894</i>
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>packman</i>		9B. KIND OF BUSINESS OR INDUSTRY <i>Gilbert Packing Co. VEG (M)</i>	9. AGE (In years last birthday) <i>58</i>
10. FATHER'S NAME <i>John Rykowski</i>		11. BIRTHPLACE (State or foreign country) <i>Poland</i>	
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>Yes, no or (unknown)</i>		13. SOCIAL SECURITY NO. <i>214-23-5236</i>	
14. MOTHER'S MAIDEN NAME <i>Mary Plewacki</i>		15. INFORMANT <i>Mrs. Rose Rykowski</i>	
16. ADDRESS <i>2706 Hudson Street</i>		17. ADDRESS <i>2706 Hudson Street</i>	
18. 593X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Subd. Cerebral Infarct</i>		19. CAUSE OF DEATH (A) DUE TO <i>Hypertensive Cerebro Vascular Disease</i> (B) DUE TO <i>Myocarditis</i> (C) DUE TO	
20. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		21. INTERVAL BETWEEN ONSET AND DEATH	
22. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		23. MEDICAL CERTIFICATION	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		20B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21A. TIME (Month) (Day) (Year) (Hour) INJURY		21B. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
22A. TIME (Month) (Day) (Year) (Hour) INJURY		22B. HOW DID INJURY OCCUR?	
23. I hereby certify that I attended the deceased from <i>Jan 6</i> , 19 <i>52</i> , to <i>June</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>June 21</i> , 19 <i>52</i> , and that death occurred at <i>1:55</i> Am. from the causes and on the date stated above.		24. SIGNATURE <i>John J. Cunniff</i> M. D.	
25. ADDRESS <i>2711 Carter Ave.</i>		26. DATE SIGNED <i>6/25/52</i>	
27. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		28. DATE <i>June 26 1952</i>	
29. NAME OF CEMETERY OR CREMATORY <i>St. Stanislaus Cem.</i>		30. LOCATION (City, town, or county) (State) <i>Balta. City</i>	
31. DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 25 1952</i>		32. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
33. FUNERAL DIRECTOR <i>John J. Welby</i>		34. ADDRESS <i>4010. Chutes &</i>	

1982 SF

THE UNIVERSITY OF CALIFORNIA LIBRARY

1982 SF

LIBRARY OF THE UNIVERSITY OF CALIFORNIA

Blank lined paper with two binder holes on the right side.

613
52 5835BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5835

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Henry K. Rufft

2. DATE
OF
DEATH23 June 1952
9:30 P.M.

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1200 Valley St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Little Sisters of the Poor

C. Length of stay in Baltimore

1 yr

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry K. Rufft

14. MOTHER'S MAIDEN NAME

Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Little Sisters of the Poor

18. 334X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Arterio Sclerosis

1 month

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Obliterating Endarteritis of Trunk 14 days

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1952, to June 23, 1952, that I last saw the
deceased alive on June 23, 1952, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

E. Gill Hall

M. D.

23B. ADDRESS

16319 North Ave

23C. DATE SIGNED

June 24-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 25 1952

Huntington Williams, 1420 Ridgefield 900 E. Biddle St

520
52 5836

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5836

BIRTH NO. *Non Res.*

1. NAME OF DECEASED (Type or Print) *Long Gregory*

2. DATE OF DEATH *6/24/52*

3. PLACE OF DEATH:
A. Baltimore City, Maryland *Balto. Md*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Md* B. COUNTY *17-02*

B. FULL NAME OF HOSPITAL OR INSTITUTION *Provident Hospital*

C. CITY OR TOWN *Balto.*

D. STREET ADDRESS (If rural, give location) *1137 Argyle Ave*

c. Length of stay in Baltimore Yrs. Mos. Days

5. SEX *M.* 6. COLOR OR RACE *col.* 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH *2/26/51* 9. AGE (in years last birthday) *15 months* If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) *Wilson N.C* 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME *Albott T. Linn* 14. MOTHER'S MAIDEN NAME *Jessie Long*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.

17. INFORMANT *Miss Jessie Long* ADDRESS *1137 Argyle Ave*

18. *E885.0* CAUSE OF DEATH *Lead Poisoning*

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) DUE TO

ANTECEDENT CAUSES (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY *William C. Boudin* M. D.
CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) *home* 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) *1137 Argyle Ave*

21D. TIME (Month) (Day) (Year) (Hour) *952-June* 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒ 21F. HOW DID INJURY OCCUR? *ate painted plaster off walls*

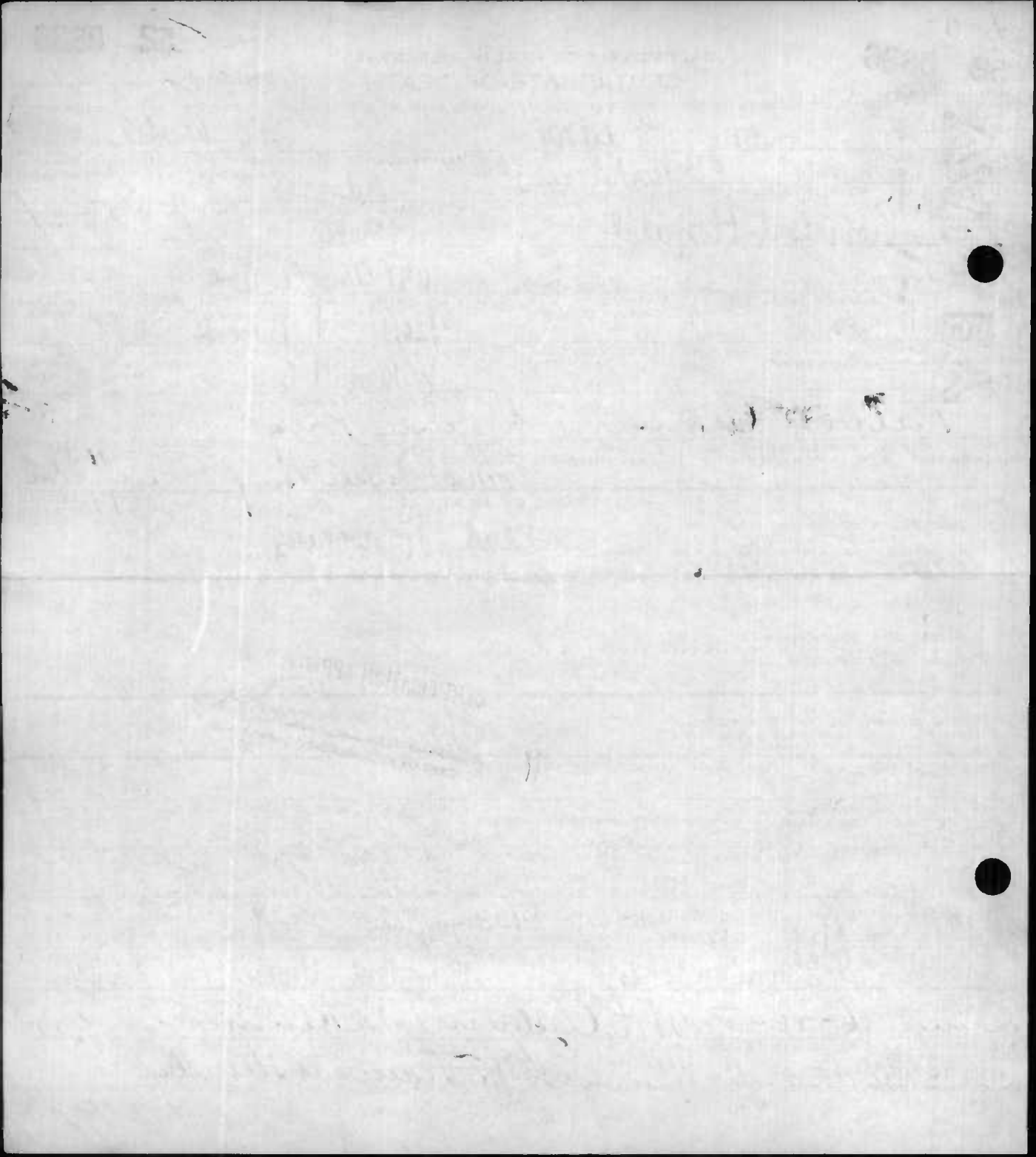
22. I hereby certify that I attended the deceased from *6/23*, 1952, to *6/24*, 1952, that I last saw the deceased alive on *6/24*, 1952, and that death occurred at *7:40 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE *D. S. Sioniondskis* M. D. 23B. ADDRESS *Provident Hospital* 23C. DATE SIGNED *6/24/52*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *6-26-52* 24C. NAME OF CEMETERY OR CREMATORY *Wt. Auburn* 24D. LOCATION (City, town, or county) (State) *Baltimore Md*

DATE RECEIVED BY LOCAL REGISTRAR *JUN 25 1952* REGISTRAR'S SIGNATURE *Huntington Williams* 25. FUNERAL DIRECTOR *Mr. Francis H. Heuser* ADDRESS

VS 150 N 966X



162
52 5837BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5837

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Caroline C. Jeffers</u> <u>Carolyn deFFRIES</u>		2. DATE OF DEATH <u>6-22-52</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <u>md</u> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>Luth Hosp</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALT 20-03</u>	
c. Length of stay in Baltimore <u>Life</u>		D. STREET ADDRESS (If rural, give location) <u>2442 W. BALT. ST</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 28/10</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>H.W.</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	9. AGE (In years last birthday) <u>42</u>
13. FATHER'S NAME <u>Edward Ackerman</u>		11. BIRTHPLACE (State or foreign country) <u>md.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <u>Christina Schmitt</u>	
17. INFORMANT <u>Edward M. Jeffers</u>		ADDRESS <u>2442 W. Baltimore St</u>	

18. 416X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Vascular Acc.
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Rheu. Heart dis
DUE TO(C) aur. Fib

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <u>6-22-52</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>6-21-52</u> to <u>6-22-52</u> , that I last saw the deceased alive on <u>6-22-52</u> , and that death occurred at <u>2:45 pm.</u> from the causes and on the date stated above.					
23A. SIGNATURE <u>William H. Williams</u>		23B. ADDRESS <u>Luth Hosp</u>		23C. DATE SIGNED <u>6-22-52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>6/25/52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Loudon Pk.</u>	
24D. LOCATION (City, town, or county) <u>Baltimore, Md.</u>		24E. LOCATION (City, town, or county) <u>Baltimore, Md.</u>		24F. LOCATION (City, town, or county) <u>Baltimore, Md.</u>	

DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 25 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams</u>	25. FUNERAL DIRECTOR <u>Harry H. H. H.</u>	ADDRESS <u>4101 Edmondson Ave.</u>
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1982 32

1982 32

CERTIFICATE OF DEATH

MF

5838

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 52 5838

PLACE OF DEATH:

CITY **Baltimore** MARYLAND
 CITY (If outside corporate limits, write RURAL and give nearest town)
 TOWN **Catonsville**
 HOSPITAL OR INSTITUTION OR STREET ADDRESS **Hood's Nursing Home 5313 Edmondson Ave.**

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE **Md.** COUNTY **Baltimore**
 CITY (If outside corporate limits, write RURAL and give nearest town)
 TOWN **Baltimore**
 STREET ADDRESS **523 Normandy Ave.**

NAME OF DECEASED: (First) **Annie** (Middle) **May** (Last) **Showacre (Anna)**
 SEX: **Female** 6. COLOR OR RACE: **White** 7. SINGLE, MARRIED, WIDOWED, DIVORCED: **Single** 8. DATE OF BIRTH: **March 22, 1865** 9. AGE last birthday: **87** yrs. 4. DATE OF DEATH: **June 23, 1952** 10. IF UNDER 1 YEAR: Months Days Hours Min. 11. BIRTHPLACE (State or foreign country): **Balto. Md.** 12. CITIZEN OF WHAT COUNTRY?
 a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): **Retired** 10b. KIND OF BUSINESS OR INDUSTRY: **Clerk, Md. Casualty** 11. BIRTHPLACE (State or foreign country): **Balto. Md.** 12. CITIZEN OF WHAT COUNTRY?
 FATHER'S NAME: **Michael S. Showacre** 14. MOTHER'S MAIDEN NAME: **Annie R. Little**
 WAS DECEASED EVER IN U.S. ARMED FORCES? (If Yes, give war or dates of service) 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: **F. Millard Foard, 417 Loudon Ave.**

18. MEDICAL CERTIFICATION

DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a) **Cerebral vascular accident**

May 14, 1952

DUE TO

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) **Arteriosclerotic cardio-vascular disease,**

DUE TO

Chronic multiple arthritis, Fracture of hip(c) **due to a fall in her home**

5/11/52

OTHER SIGNIFICANT CONDITIONS:

Conditions contributing to the death but not related to the disease or condition causing death.

a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

CERTIFICATION APPROVED BY

Stanley S. Durlacher

M. D.

20. AUTOPSY?

Yes ☐ No ☒

IDENT (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) CITY OR TOWN AND ASST. MEDICAL EXAMINER (STATE) **20/7**
 INCIDENT **Accident** OF INJURY **Home** **523 Normandy Avenue, Baltimore, Maryland**
 TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR?
 OF INJURY **May 11, 1952** M. While at work ☐ Not while at work ☒ **Slipped and fell to floor**

2. I hereby certify that I attended the deceased from **Nov. 15, 1949** to **June 23, 1952**, that I last saw the deceased alive on **June 22, 1952**, and that death occurred at **7:00 A.M.**, from the causes and on the date stated above.

SIGNATURE *George W. Kuyper* (DEGREE OR TITLE) ADDRESS DATE SIGNED
3030 Edmondson Avenue June 24, 1952

3. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial June 26/52 Green Mount Balto. Md.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS
JUN 25 1952 Huntington Williams, M.D. Harry N. Witzler 4101 Edmondson Ave.

N 820.0

CERTIFICATE CORRECTED 7-1-52

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5839

426
2 5839

1. NAME OF DECEASED (Type or Print) <i>Nokesworth, Mr. William Guy</i>		2. DATE OF DEATH <i>June 24, 1952</i>	
3. PLACE OF DEATH: A. <i>Baltimore City, Maryland</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>FREDERICK</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Church Home and Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Frederick</i>	
C. Length of stay in Baltimore <i>4</i> Yrs. <i>4</i> Mos. <i>4</i> Days		D. STREET ADDRESS (If rural, give location) <i>R.D. #2</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>June 16, 1897</i>
9. AGE (in years last birthday) <i>55 yrs</i>		10. UNDER 1 Year: Months <i>6</i> Days <i>00</i>	10. UNDER 24 Hours: Hours <i>00</i> Min. <i>00</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>FARMER</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>OWN FARM</i>	
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>Nokesworth, William E</i>		14. MOTHER'S MAIDEN NAME <i>Cook, Margaret</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or no or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>217-05-2404</i>	
17. INFORMANT <i>HOSPITAL RECORDS</i>		ADDRESS	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Pyelo Nephrosis Left</i> DUE TO <i>due to Calculus Eukremia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>unknown</i>	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Right Nephrectomy 1942</i>			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>20 June, 1952</i> to <i>24 June, 1952</i> that I last saw the deceased alive on <i>24 June, 1952</i> and that death occurred at <i>11:45 p. m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Dorcas E. Luebeck</i>		23B. ADDRESS <i>Church Home of Hosp.</i>	
23C. DATE SIGNED <i>25 June 52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>June 27, 1952</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>PROTESTANT CEMETERY (Harvard Chapel)</i>		24D. LOCATION (City, town, or county) (State) <i>Long Corner, Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 25 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
FUNERAL DIRECTOR <i>Oliver P. Nokesworth, Annapolis, Md</i>		ADDRESS	

VS 150

10610

MEDICAL CERTIFICATION

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5840**

650
5840
BIRTH NO.

1. NAME OF DECEASED (Type or Print) George Brown		2. DATE OF DEATH JUN 23 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) a. STATE Md. b. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) 1623 BRUNT ST	
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S.	8. DATE OF BIRTH 2-20-35
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 20
13. FATHER'S NAME Clarence Brown		11. BIRTHPLACE (State or foreign country) Balto. Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO. none		14. MOTHER'S MAIDEN NAME Margaret King	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS <input checked="" type="checkbox"/>	

18. 415X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Acute pulmonary edema DUE TO (B) Rheumatic heart disease, chronic, congestive heart failure, and myocarditis DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION ✓		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21d. TIME (Month) (Day) (Year) (Hour) INJURY	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5-20-1952 to 6-23-1952 , that I last saw the deceased alive on 6-23-1952 , and that death occurred at 12:35 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE Norman E. Shaver		23b. ADDRESS JOHNS HOPKINS HOSPITAL		23c. DATE SIGNED 6-23-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/26/52	24c. NAME OF CEMETERY OR CREMATORY Mt Auburn	24d. LOCATION (City, town, or county) (State) Balto. Md.		
DATE RECEIVED BY LOCAL REGISTRAR JUN 25 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR George B. Nelson 1303		ADDRESS Cressman St.	

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

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Name of Deceased		Date of Birth		Sex	
Place of Birth		Date of Death		Time of Death	
Cause of Death		Place of Death		Occupation	
Signature of Physician		Signature of Registrar		Signature of Informant	
Date of Entry		Date of Registration		Date of Filing	

400
52 5841
BIRTH NO.Blue
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5841
Registered No.

1. NAME OF DECEASED (Type or Print) <u>John F. Blue</u>		2. DATE OF DEATH <u>June 23, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Med. Dep't Records</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md.</u> B. COUNTY <u>20-01</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 23</u>	
c Length of stay in Baltimore <u>10 years</u>		D. STREET ADDRESS (If rural give location) <u>1812 Penrose Ave</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>11-16-1895</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WATCHMAN</u>		9. AGE (In years last birthday) <u>56</u>	
10B. KIND OF BUSINESS OR INDUSTRY <u>PRINTING</u>		11. BIRTHPLACE (State or foreign country) <u>N.C.</u>	
13. FATHER'S NAME <u>Andrew Blue</u>		12. CITIZEN OF WHAT COUNTRY? <u>?</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>JOHNS HOPKINS HOSPITAL</u>	

18. <u>46 yr. 1</u>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	<u>Portal Hypertension?</u>	<u>Month</u>
ANTECEDENT CAUSES	(A) DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
	(C) DUE TO	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<u>Cerebral Palsy</u>	<u>Month</u>
19A. DATE OF OPERATION <u>June 22, 1952</u>	19B. MAJOR FINDINGS OF OPERATION <u>Bleeding Gastric Varicosities</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from <u>5-14-</u> , 19 <u>52</u> to <u>6-23-</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>6-23-</u> , 19 <u>52</u> , and that death occurred at <u>9:10 a.m.</u> , from the causes and on the date stated above.		
23A. SIGNATURE <u>[Signature]</u>	23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>	23C. DATE SIGNED <u>6-23-52</u>

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>June 24, 1952</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn</u>	24D. LOCATION (City, town, or county) (State) <u>Baltimore, Md.</u>
DATE RECEIVED BY <u>JUN 25 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>W. C. 1532 Laurel Hill Ave</u>	ADDRESS <u>[Address]</u>

CERTIFICATE OF DEATH

THE STATE OF NEW YORK

1901

1901

Name of Deceased		Age		Sex		Race		Color		Religion		Marital Status		Occupation		Cause of Death		Date of Death		Place of Death		Signature of Physician		Signature of Registrar		Signature of Witness	

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DUPLICATE

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5842

BIRTH NO.		1. NAME OF DECEASED (Type or Print) WALTER SCHULTZ		2. DATE OF DEATH June 23, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION US Public Health Service Hospital W. Pk. Drive & 31st Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 872 S. Dallas Street			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 10/15/94	9. AGE (In years last birthday) 57
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mate		10B. KIND OF BUSINESS OR INDUSTRY seafarer		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Frank Schultz		14. MOTHER'S MAIDEN NAME Frances ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?		16. SOCIAL SECURITY NO. ?		17. INFORMANT ADDRESS Records- US PHS Hospital, Balto, Md.	
18. 157x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of pancreas with extensive metastases DUE TO CAUSE OF DEATH ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) (C)				INTERVAL BETWEEN ONSET AND DEATH Unknown	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 7		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Mar. 3, 1952 , to June 23, 1952 , that I last saw the deceased alive on June 23, 1952 , and that death occurred at 7:30 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE George E. Moffatt, M.D.		23B. ADDRESS US PHS Hospital, Balto, Md.		23C. DATE SIGNED 6/24/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 26/52		24C. NAME OF CEMETERY OR CREMATORY Sacred Heart Bern Herman Hill Road Md	
24D. LOCATION (City, town, or county) (State) Huntington, Williams, Md		25. FUNERAL DIRECTOR William J. Schuchman, Inc		25. ADDRESS 1000 O. Kennebec	
DATE RECEIVED BY LOCAL REGISTRAR JUN 25 1952		VS 150 240 55			

MEDICAL CERTIFICATION

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5843BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5843

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Fannie Beck			2. DATE OF DEATH June 25, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE New York B. COUNTY V-29		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2810 Cheswald Rd. Balto., Md.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brooklyn		
C. Length of stay in Baltimore 3 weeks			D. STREET ADDRESS (If rural, give location) 141 E. 21st St.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH Sept. 1884	9. AGE (In years last birthday) 68	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (State or foreign country) Europe		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Herman Cohen			14. MOTHER'S MAIDEN NAME Bertha Winkler		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Gunther, 2810 Cheswald Rd.		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH Coronary Thrombosis DUE TO DUE TO DUE TO	INTERVAL BETWEEN ONSET AND DEATH 2 days
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19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 23, 1952 , to June 25, 1952 , that I last saw the deceased alive on June 24, 1952 , and that death occurred at 64 m. , from the causes and on the date stated above.					
23A. SIGNATURE H. D. Darby		23B. ADDRESS 817 Medical Art Bldg		23C. DATE SIGNED 6/25/52	

24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 6-26-52	24C. NAME OF CEMETERY OR CREMATORY Union Field	24D. LOCATION (City, town, or county) (State) Queens, N. Y.
DATE RECEIVED BY LOCAL REGISTRAR JUN 25 1952		REGISTRAR'S SIGNATURE Huntington Williams, Jr.	25. FUNERAL DIRECTOR ADDRESS Howard H. Hubbard, 2503 Edmondson Ave.

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered **52 5844**

BIRTH NO. **52-11111**

1. NAME OF DECEASED (Type or Print) NINA MAE GANNON			2. DATE OF DEATH June 23, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 17-03		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 752 W. Mulberry Street		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) —	8. DATE OF BIRTH May 17, 1952	9. AGE (In years last birthday) 1	10. Under 1 Year Months: 1 Days: 6
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) Balto. Md		
10B. KIND OF BUSINESS OR INDUSTRY —			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Clarence Scott			14. MOTHER'S MAIDEN NAME Ellor Mae Gannon		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		17. INFORMANT ADDRESS Ellor Mae Gannon 752 W. Mulberry St.			

18. **053.1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Toxemia**
DUE TO **Staphylococcal Infection**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO

(C)

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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Stanley H. Dunsacker M.D.	23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED 6/23/52
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24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 6/25/1952	24C. NAME OF CEMETERY OR CREMATORY W. Baltimore Cem	24D. LOCATION (City, town, or county) (State) Balto Md
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DATE RECEIVED BY LOCAL REGISTRAR JUN 25 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm. H. Williams	ADDRESS 9. Schenck St
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5845BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5845

BIRTH NO.			1. NAME OF DECEASED (Type or Print) Thelma Foster			2. DATE OF DEATH June-22-1952			
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY			C. CITY OR TOWN (If outside corporate limits, write FULL and give township) Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION 902 Russell Street			D. STREET ADDRESS (If rural, give location) 902 Russell Street			9. AGE (in years last birthday) 49			
c. Length of stay in Baltimore 4 Yrs.			8. DATE OF BIRTH Sept-19-1902			10. CITIZEN OF WHAT COUNTRY? U.S.A.			
5. SEX Female		6. COLOR OR RACE Col.		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow		11. BIRTHPLACE (State or foreign country) Picknes Co. S.C.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY At Home		13. FATHER'S NAME Wash Clinkacles			14. MOTHER'S MAIDEN NAME Emma Cady		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT Lucy Mobing South Carolina			ADDRESS		
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage CAUSE OF DEATH (A) Cerebral Hemorrhage DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH 1 day						
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)					
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from June 21, 1952 to June 22, 1952 , that I last saw the deceased alive on June 20, 1952 and that death occurred at 3:30 p.m. , from the causes and on the date stated above.									
23A. SIGNATURE Stanford P. Russell M.D.			23B. ADDRESS 2309 Dund Hill			23C. DATE SIGNED 6-25-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/26/1952		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.		24D. LOCATION (City, town, or county) (State) Brooklyn Md.			
DATE RECEIVED BY LOCAL REGISTRAR JUN 25 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		FUNERAL DIRECTOR Thayer P. Wilson		ADDRESS 1000 Beauty Ave			

MEDICAL CERTIFICATION

7208A

STATE OF OHIO

[Faint, illegible text follows, likely bleed-through from the reverse side of the page. The text appears to be a formal document or report.]

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52 5846BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 52 5846

BIRTH NO.		1. NAME OF DECEASED (Type or Print) FREDERICK J KHEIN,		2. DATE OF DEATH JUNE 23-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE BALTIMORE B. COUNTY		5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HALETHORPE 5200	
B. FULL NAME OF HOSPITAL OR INSTITUTION UNIVERSITY HOSP.		D. STREET ADDRESS (If rural, give location) 5646 CARVILLE AVE		6. DATE OF BIRTH AUG-5-1900	
C. Length of stay in Baltimore 51 YRS		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		9. AGE (In years last birthday) 51	
5. SEX MALE		6. COLOR OR RACE WHITE		10. Under 1 Year Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FORMAN		10B. KIND OF BUSINESS OR INDUSTRY B+O R R		11. BIRTHPLACE (State or foreign country) BALTIMORE	
13. FATHER'S NAME LOUIS. C KHEIN.		14. MOTHER'S MAIDEN NAME MARY J. KELLY		12. CITIZEN OF WHAT COUNTRY? U. S.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 705-07-6384		17. INFORMANT GERTRUDE KHEIN	
18. 420.1		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Acute Coronary Occlusion		Immediate	
ANTECEDENT CAUSES		(B) Coronary Spasm, recurrent severe. (Anginal Syndrome)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 21 Apr., 1952 to 23 June, 1952 that I last saw the deceased alive on 23 June 1952 and that death occurred at 11 A. m. , from the causes and on the date stated above.					
23A. SIGNATURE Joseph E. Muse Jr.		23B. ADDRESS 5 West 29th St. (18)		23C. DATE SIGNED 24 June 52	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 6-26-52		24C. NAME OF CEMETERY OR CREMATORY ROXBURY PARK.	
DATE RECEIVED BY JUN 25 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Bernard C. Harris	
				ADDRESS 121 E WEST ST	

Frederick J. [illegible]

1. [illegible]

2. [illegible]

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12. [illegible]

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15. [illegible]

16. [illegible]

17. [illegible]

18. [illegible]

19. [illegible]

20. [illegible]

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5847BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5847

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) Gowallia, Alphonsus (GOWALLIS)		
2. DATE OF DEATH 6/23/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Maryland		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Franklin Square Hosp.		
C. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Presser		10B. KIND OF BUSINESS OR INDUSTRY
13. FATHER'S NAME Gowallia, Albert		14. MOTHER'S MAIDEN NAME ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 212-01-0256
17. INFORMANT Albert Gowallia		ADDRESS 1240 James ST.
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Pulmonary Edema DUE TO CAUSE OF DEATH Coronary Occlusion DUE TO Arteriosclerosis / heart failure DUE TO Centrum of brain		
19. DATE OF OPERATION 0		
19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY		
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 6/21 , 19 52 , to 6/23 , 19 52 , that I last saw the deceased alive on 6/21 , 19 52 , and that death occurred at 3:45 a. m., from the causes and on the date stated above.		
23A. SIGNATURE M. D.		
23B. ADDRESS 12-15-1100		
23C. DATE SIGNED 6/23/52		
24A. BURIAL, CREMATION, REMOVAL (Specify)		
24B. DATE June 26 1952		
24C. NAME OF CEMETERY OR CREMATORY Most Holy Redeemer Cemetery		
24D. LOCATION (City, town, or county) (State) Belair Rd. Balt. Md.		
DATE RECEIVED BY LOCAL REGISTRAR JUN 25 1952		
REGISTRAR'S SIGNATURE Huntington Williams		
FUNERAL DIRECTOR Charles J. Rachauskas		
ADDRESS 703 M. Henry St.		

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered 52 5848

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Caroline Polk Tyson				2. DATE OF DEATH June 23, 1952			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) The Marylander Apts St Paul St & University Play				C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore			
c. Length of stay in Baltimore Life				D. STREET ADDRESS (If rural, give location) The Marylander Apts.			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 17, 1896	9. AGE (In years last birthday) 55 yrs	10. Under 1 Year Months: Days: Hours: Min.	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10B. KIND OF BUSINESS OR INDUSTRY At Home		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Gabriel C. Polk				14. MOTHER'S MAIDEN NAME Caroline Prussing			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT ADDRESS Mr. Dorsey P. Tyson, The Marylander Apts			
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chronic Rheumatic Arthritis OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH 2 days unknown			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 6/23/52 , 19 52 , to 6/23/52 , 19 52 , that I last saw the deceased alive on 6/23/52 , 19 52 , and that death occurred at 5.45P m., from the causes and on the date stated above.							
23A. SIGNATURE Leo W. Margatroy				23B. ADDRESS 401 E. 25th St. Balto. Md.		23C. DATE SIGNED 6/25/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 26th, 1952		24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 25 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR E. W. Williams		ADDRESS 4510 Liberty Heights Ave.	

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400 52 5849		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 52 5849	
1. NAME OF DECEASED (Type or Print)		Emma K. Bailey		2. DATE OF DEATH June 24, 1952.	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		B. COUNTY Anne Arundel	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes' Hospital		C. CITY OR TOWN A. A. County		D. STREET ADDRESS (If rural, give location) 111 Welding Rd., Greenland Beach 26- Md.	
c. Length of stay in Baltimore		Yrs. Mos. Days			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 1, 1891	9. AGE (In years last birthday) 61	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Virginia	
13. FATHER'S NAME John Scott		Dec'd		14. MOTHER'S MAIDEN NAME Mary Reed Dec'd	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT Family - Same	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT Family - Same	
18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <u>Uremia</u> DUE TO <u>Chronic nephritis</u> (B) <u>Hypertension</u> DUE TO <u>Cardio-renal disease</u> (C)		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 10, 1952 to June 24, 1952, that I last saw the deceased alive on June 24, 1952, and that death occurred at 8:10 P.M., from the causes and on the date stated above.					
23A. SIGNATURE George Allen		23B. ADDRESS St. Agnes Hospital		23C. DATE SIGNED June 24, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) B.		24B. DATE 6-29-52		24C. NAME OF CEMETERY OR CREMATORY ONANCOCK	
24A. BURIAL, CREMATION, REMOVAL (Specify) B.		24B. DATE 6-29-52		24C. NAME OF CEMETERY OR CREMATORY ONANCOCK	
24D. LOCATION (City, town, or county) ONANCOCK, VA.		24E. LOCATION (City, town, or county) ONANCOCK, VA.		24F. LOCATION (City, town, or county) ONANCOCK, VA.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 25 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR J. L. E. Lee	
VS 150				130 E. 7th St. Bldg.	

MEDICAL CERTIFICATION

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52 5850
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5850
Registered No.

1. NAME OF DECEASED (Type or Print) George Alexander Strauss		2. DATE OF DEATH June 23, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Anne Arundel	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 12 yrs.		D. STREET ADDRESS (If rural, give location) 50 Peble Drive	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 28, 1940
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School		9. AGE (In years last birthday) 12	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME George Alexander Strauss		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT B.C.H. Records: 4940 Eastern Avenue		ADDRESS	

18. 199.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Teratoma of pelvis with metastasis		INTERVAL BETWEEN ONSET AND DEATH 4 months
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 6-18		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 6-18 , 19 52 , to 6-23 , 19 52 , that I last saw the deceased alive on 6-23 , 19 52 , and that death occurred at 8:45 a.m. , from the causes and on the date stated above.				
23A. SIGNATURE A. D. Crogen		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) B	24B. DATE 6-27-52	24C. NAME OF CEMETERY OR CREMATORY GLEN HAVEN	24D. LOCATION (City, town, or county) (State) Baltimore
DATE RECEIVED BY LOCAL HEALTH DEPT. JUN 25 1952		REGISTRAR'S SIGNATURE Wilmington, Williams, M.D.	25. FUNERAL DIRECTOR Joe L. De Leeuw 130 E. Fort Ave

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52 5851

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 5851
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Elizabeth K. Fischer</i>			2. DATE OF DEATH <i>6.23.52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1434 Woodall St</i>					
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)					
C. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days					
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M.</i>	8. DATE OF BIRTH <i>7.29.1902</i>	9. AGE (In years last birthday) <i>49</i>	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Home</i>		
13. FATHER'S NAME <i>Wm. Schaaf</i>			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Family - Same.</i>			ADDRESS		

18. <i>453.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Coronary heart disease</i> DUE TO (B) <i>Thrombotic angina obliterans</i> DUE TO (C) <i>(Berger's Disease)</i>	INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i> <i>2 years</i>
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Multiple ulcerations of upper and lower extremities</i>	
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19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *6/19/50*, 19*50*, to *6/23/52*, 19*52*, that I last saw the deceased alive on *6/23*, 19*52*, and that death occurred at *10 4* m., from the causes and on the date stated above.

23A. SIGNATURE <i>Isaac Miller</i>	23B. ADDRESS <i>1225 Charles St</i>	23C. DATE SIGNED <i>6/24/52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>B.</i>	24B. DATE <i>6.26.52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>London Park</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 25 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Joseph A. Guy</i>	ADDRESS <i>130 E. Fort Ave.</i>
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MEDICAL CERTIFICATION

340

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5852

Registered No. _____

BIRTH NO. 52-12303

1. NAME OF DECEASED
(Type or Print)

Waddell - Baby Boy

2. DATE
OF
DEATH

June 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

B. FULL NAME OF HOSPITAL OR INSTITUTION

University Hospital

D. STREET ADDRESS (If rural, give location)

1026 Patapoco St.

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

6/4/52

9. AGE (In years last birthday)

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

7

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Premature

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTH PLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Millard Waddell

14. MOTHER'S MAIDEN NAME

Constance Ungar

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Constance Waddell

18. 776x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Prematurity

1 days.
7 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None.

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-4, 1952, to 6-5, 1952, that I last saw the deceased alive on 6-5, 1952, and that death occurred at 2:15 Pm., from the causes and on the date stated above.

23A. SIGNATURE

Joseph C. Fitzgerald

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

June 5, 52.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

UNIVERSITY MEDICAL SCHOOL JUN 11 1952

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Commissioner of Health

JUN 25 1952

RECEIVED AND FORWARDED

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5853
Registered No.

1. NAME OF DECEASED (Type or Print) Baby Worrener		2. DATE OF DEATH 6-6-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Doctors Hospital		C. CITY OR TOWN Middle River	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1 Slipstream Ct. 5300	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 6-6-52
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Louis Worrener		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Father - Louis Worrener		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	

18. 761.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pre maturity		INTERVAL BETWEEN ONSET AND DEATH 30 Min.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Partial Separation of Placenta 8hrs		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **6-6-52** to **6-6-52**, 1952 that I last saw the deceased alive on **6-6-52**, 1952 and that death occurred at **7:45 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE Carol Linder		23B. ADDRESS M. D. 300 E. North Ave		23C. DATE SIGNED 6-6-52
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State) UNIVERSITY MEDICAL SCHOOL JUN 11 1952	
DATE RECEIVED BY LOCAL REGISTRAR JUN 25 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Commissioner of Health

STATE OF NEW YORK
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Race	
4. Date of Birth		5. Date of Death		6. Place of Birth	
7. Usual Residence		8. Cause of Death		9. Manner of Death	
10. Signature of Physician		11. Signature of Registrar		12. Signature of Informant	
13. Date of Entry		14. Place of Entry		15. Signature of Registrar	
16. Signature of Informant		17. Signature of Registrar		18. Signature of Informant	
19. Signature of Registrar		20. Signature of Informant		21. Signature of Registrar	
22. Signature of Informant		23. Signature of Registrar		24. Signature of Informant	
25. Signature of Registrar		26. Signature of Informant		27. Signature of Registrar	
28. Signature of Informant		29. Signature of Registrar		30. Signature of Informant	
31. Signature of Registrar		32. Signature of Informant		33. Signature of Registrar	
34. Signature of Informant		35. Signature of Registrar		36. Signature of Informant	
37. Signature of Registrar		38. Signature of Informant		39. Signature of Registrar	
40. Signature of Informant		41. Signature of Registrar		42. Signature of Informant	
43. Signature of Registrar		44. Signature of Informant		45. Signature of Registrar	
46. Signature of Informant		47. Signature of Registrar		48. Signature of Informant	
49. Signature of Registrar		50. Signature of Informant		51. Signature of Registrar	
52. Signature of Informant		53. Signature of Registrar		54. Signature of Informant	
55. Signature of Registrar		56. Signature of Informant		57. Signature of Registrar	
58. Signature of Informant		59. Signature of Registrar		60. Signature of Informant	
61. Signature of Registrar		62. Signature of Informant		63. Signature of Registrar	
64. Signature of Informant		65. Signature of Registrar		66. Signature of Informant	
67. Signature of Registrar		68. Signature of Informant		69. Signature of Registrar	
70. Signature of Informant		71. Signature of Registrar		72. Signature of Informant	
73. Signature of Registrar		74. Signature of Informant		75. Signature of Registrar	
76. Signature of Informant		77. Signature of Registrar		78. Signature of Informant	
79. Signature of Registrar		80. Signature of Informant		81. Signature of Registrar	
82. Signature of Informant		83. Signature of Registrar		84. Signature of Informant	
85. Signature of Registrar		86. Signature of Informant		87. Signature of Registrar	
88. Signature of Informant		89. Signature of Registrar		90. Signature of Informant	
91. Signature of Registrar		92. Signature of Informant		93. Signature of Registrar	
94. Signature of Informant		95. Signature of Registrar		96. Signature of Informant	
97. Signature of Registrar		98. Signature of Informant		99. Signature of Registrar	
100. Signature of Informant		101. Signature of Registrar		102. Signature of Informant	

230

BIRTH NO. 52 5854 52-13418 BALTIMORE CITY HEALTH DEPARTMENT
 Registered No. 52 5854
CERTIFICATE OF DEATH

1. NAME OF DECEASED (Type or Print) BABY BOY WEST			2. DATE OF DEATH June 14, 1952								
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MARYLAND B. COUNTY								
B. FULL NAME OF (If not in hospital or institution, give street address or location) LUTHERAN HOSPITAL OF MD.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 9-09								
C. Length of stay in Baltimore 1 1/4 <small>Mon. Days</small>			D. STREET ADDRESS (If rural, give location) 1632 Asquith St.								
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH June 13, 1952		9. AGE (In years last birthday) <table border="1"><tr><td>Years</td><td>Months</td><td>Days</td></tr><tr><td></td><td></td><td>1</td></tr></table>	Years	Months	Days			1
Years	Months	Days									
		1									
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA.						
13. FATHER'S NAME JAME E. WEST			14. MOTHER'S MAIDEN NAME EDITH KELLY								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	17. INFORMANT MOTHER		ADDRESS SAME						

18. 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) PREMATURITY DUE TO		INTERVAL BETWEEN ONSET AND DEATH 1 1/4 days
	(B) _____ DUE TO		
	(C) _____		

19A. DATE OF OPERATION 7		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **June 13, 1952**, to **June 14, 1952**, that I last saw the deceased alive on **June 14, 1952**, and that death occurred at **10:00 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE Marian S. Daly		23B. ADDRESS M. O. Lutheraan Corp. of Md.		23C. DATE SIGNED June 24, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	

DATE RECEIVED BY LOCAL REGISTRAR JUN 25 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Commissioner of Health	ADDRESS
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MEDICAL CERTIFICATION

1896

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

1896

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1896

1896

425

52 5855

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5855

BIRTH NO. 52-13016

1. NAME OF DECEASED
(Type or Print)

Minerva Olivia Wilson

2. DATE
OF
DEATH

6/5/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

36

Provident Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4 hrs.

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

6/5/52

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

4

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Norm Wilson

14. MOTHER'S MAIDEN NAME

Minerva Juanita Holmes

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mother

See Above

18. 762.5

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, athenia, etc. It means the disease,
injury or complication which caused death.)

(A)

atelectasis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Pre-maturity (wt. 11.6 ozs)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

24 hrs.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 5, 1952 to _____, 19____, that I last saw the
deceased alive on June 5, 1952 and that death occurred at 5:12 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Wayland Jones

M. D.

23B. ADDRESS

1300 N. Fremont Ave

23C. DATE SIGNED

6/6/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

UNIVERSITY MEDICAL SCHOOL JUN 17 1952

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 25 1952

Huntington Williams, M.D.

Commissioner of Health

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

220

U.S. DEPT. OF AGRICULTURE

(11)

625
52 5856BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5856

Registered No.

BIRTH NO. 52-12966

1. NAME OF DECEASED
(Type or Print)

Marsingill baby boy

2. DATE
OF
DEATH

6.8.1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balt. Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

Franklin Square Hosp.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

3

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

N.D.

8. DATE OF BIRTH

6.6.1952

9. AGE (In Years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

3

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

infant

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

Lois Marsingill

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 762.5

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Atelectasis of lungs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

premature birth

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6.6. 1952 to 6.8. 1952, that I last saw the
deceased alive on 6.8. 1952, and that death occurred at 120 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Mla Skragan

23B. ADDRESS

M. D.

Franklin Square Hosp.

23C. DATE SIGNED

6.8.1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL JUN 17 1952

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams MD

25. FUNERAL DIRECTOR

ADDRESS

Commissioner of Health

224

Wed.

1822

N. D.

W

M

3

Attestation of lungs

Signature of the

X

300

52 5857

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5857

Registered No.

BIRTH NO. 52-13470		1. NAME OF DECEASED (Type or Print) Elizabeth Funtleroy Wood		2. DATE OF DEATH June 11, 1952	
3. PLACE OF DEATH A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Balto.			
5. FULL NAME OF HOSPITAL OR INSTITUTION Hospital for the Women of Md.		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
7. LENGTH OF STAY IN BALTIMORE 1 Days		8. STREET ADDRESS (If rural, give location) 33 Larchmont Rd 5365			
9. SEX F.	10. COLOR OR RACE White	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	12. DATE OF BIRTH June 10 1952		13. AGE (In years last birthday) 1 10 15
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		15. KING OF BUSINESS OR INDUSTRY		16. BIRTHPLACE (State or foreign country) Baltimore Md.	
17. FATHER'S NAME Walter Bruce Wood Jr.		18. MOTHER'S MARDEN NAME Dorothy Jeanne Wallace		19. CITIZEN OF WHAT COUNTRY? U.S.	
20. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowns) no		21. SOCIAL SECURITY NO.		22. INFORMANT ADDRESS	

18. 776x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Cause Unknown DUE TO		INTERVAL BETWEEN ONSET AND DEATH 34 hrs 15 min.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Prematurity DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10:45 AM 6-10-52 to 8:35 PM 6-11-52, that I last saw the deceased alive on 6-11-52, and that death occurred at 8:55 PM, from the causes and on the date stated above.					
23A. SIGNATURE Helene C. Bruckner M.D.		23B. ADDRESS Hosp. for Women of Md		23C. DATE SIGNED 6-11-52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
24D. LOCATION (City, town, or county)		24E. DATE JUN 17 1952		24F. ADDRESS	

DATE RECEIVED BY LOCAL REGISTRAR JUN 25 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Commissioner of Health	
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19520-5554

195

MEDICAL CERTIFICATION

516
2 5858BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5858

Registered No.

BIRTH NO. 52-15545

1. NAME OF DECEASED
(Type or Print)

GEORGE ALBERT SNUFFER

2. DATE
OF
DEATH

June 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

LUTHERAN HOSPITAL OF MD

Yrs.
Mos.
Days

C. Length of stay in Baltimore

12 hr

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

June 15, 1952

9. AGE (In years,
last birthday)II Under 1 Year
Months: DaysII Under 24 Hours
Hours: Min.

12

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

INFANT

10B. KIND OF BUSINESS OR
INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

SIDNEY SNUFFER

14. MOTHER'S MAIDEN NAME

LORINE HUGHES

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

—

17. INFORMANT

MOTHER

ADDRESS

SAME

18. 776x I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

PREMATURITY 1'8 1/2"

INTERVAL BETWEEN
ONSET AND DEATH

12 hr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 16, 1952, to June 16, 1952, that I last saw the
deceased alive on June 16, 1952, and that death occurred at 11:33 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Miriam S. Daly

M. D.

Lutheran Hosp. of Md.

6/16/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL JUN 20 1952

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 25 1952

Huntington Williams, M.D.

Commissioner of Health

Journal of Management Education

52 5859

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5859
Registered No.

BIRTH NO. 52-13025

1. NAME OF DECEASED
(Type or Print)

Robert Buffalo

2. DATE
OF
DEATH

6/14/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

18-01

D. STREET ADDRESS (If rural, give location)

945 N. Franklin St.

c. Length of stay in Baltimore

5 Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

6/10/52

9. AGE (In years last birthday)

H Under 1 Year
Months: Days: 5
H Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

David Buffalo

14. MOTHER'S MAIDEN NAME

Sadie Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mother

ADDRESS

18. 771.5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hemorrhagic Disease of Newborn

DUE TO

8 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hemolytic anemia

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) Prematurity

4 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/10/52, to 6/14/52, that I last saw the deceased alive on 6/14/52, and that death occurred at 2:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

H. Garland Sherrill

M. D.

23B. ADDRESS

1038 Edmonson

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL JUN 23 1952

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS

6520 97

CELESTIC 12 DEATH

67

400

52 5860
BIRTH NO. 52-13018

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5860
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Baby Gail		6/9/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or location)		A. STATE	
Provident Hospital		Md.	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		B. COUNTY	
Baltimore		14-01	
D. STREET ADDRESS (If rural, give location)		259 Robert St.	
c. Length of stay in Baltimore		8. DATE OF BIRTH	
1 Yrs. Mos. Days		6/8/52	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	9. AGE (In years last birthday)
Male	Negro		1
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME		12. CITIZEN OF WHAT COUNTRY?	
Louis Gail		Baltimore, Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
No			
17. INFORMANT		ADDRESS	
Mother		see above	

18. 762.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO		Asphyxiation by Mucous		24 hr	
ANTECEDENT CAUSES		(B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6/8, 1952, to 6/9, 1952, that I last saw the deceased alive on 6/9, 1952, and that death occurred at 10:30 a. m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
H. J. Harrison Phillips		1543 Penna. Ave		6/9/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
				JOHN HOPKINS MEDICAL SCHOOL JUN 23 1952	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S ADDRESS	
JUN 25 1952		Huntington Williams		Commissioner of Health	

0001 52

UNITED STATES OF AMERICA

0001 52

52 5861

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5861

Registered No.

BIRTH NO. 52-13074

1. NAME OF DECEASED
(Type or Print)

Baby Girl CHERRY

2. DATE
OF
DEATH

6/13/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hospital

C. Length of stay in Baltimore

2 hours

5. SEX

female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

child

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Edmund Stewart

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

6/13/52

9. AGE (In years
last birthday)11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Elizabeth Cherry

17. INFORMANT

mother

ADDRESS

same

18. 776x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Prematurity

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

2 hrs.

19A. DATE OF OPERATION

no

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

no

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

D. TIME (Month) (Day) (Year) (Hour)
INJURY

no

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/13, 1952 to 6/13, 1952 that I last saw the
deceased alive on 6/13, 1952, and that death occurred at 7:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Martin K. Boster

M. D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

6/13/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL JUN 23 1952

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS

JUN 25 1952

VS 150

410

F. H. H. H.

MEDICAL CERTIFICATION

STATE OF NEW YORK

IN SENATE

JANUARY 1, 1901

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

IN RESPONSE TO A RESOLUTION

PASSED BY THE SENATE

APRIL 1, 1899

ALBANY:

WATKINS, PUBLISHER

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100

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Baby Girl Mc Quay "B"		6/19/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-05	
C. Length of stay in Baltimore 4 Days		D. STREET ADDRESS (If rural, give location) 807 Dundalk Ave	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 6/15/52
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) newborn		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 4
13. FATHER'S NAME Leroy Mc Quay		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	
17. INFORMANT father		ADDRESS same	

18. 760.5 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES	(A) Scleremia Neonatorum	2 days
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Intracranial Hemorrhage	4 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C) Prematurity	7 days

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
D. TIME (Month) (Day) (Year) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from 6/15, 1952 to 6/19, 1952 that I last saw the deceased alive on 6/18, 1952 and that death occurred at 8²⁵ Am., from the causes and on the date stated above.

23A. SIGNATURE Martin W. Porter	23B. ADDRESS University Hospital	23C. DATE SIGNED 6/19/52
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL
24D. LOCATION (City, town, or county)		24E. DATE JUN 23 1952

DATE RECEIVED BY LOCAL REGISTRAR JUN 25 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Commissioner of Health	ADDRESS
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THE NATIONAL ARCHIVES
COLLECTION OF DOCUMENTS

1988



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5863**

545
2 5863
BIRTH NO.

1. NAME OF DECEASED (Type or Print) HARRY OTTO SCHMELYUN			2. DATE OF DEATH June 25, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals			C. CITY OR TOWN (If outside corporate limits, write FULL and give township) Baltimore		
c. Length of stay in Baltimore LIFE			D. STREET ADDRESS (If rural, give location) 102 S. Calverton Road		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 25, 1899		9. AGE (In years last birthday) 53
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CEMENT FINISHER		10B. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Otto Schmelyun			14. MOTHER'S MARDEN NAME ELizabeth Knopp		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 215-05-1096	17. INFORMANT ADDRESS MARGARET SCHMELYUN 102 S. CALVERTON RD		

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Fracture of skull**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Contusion of brain**

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIB-UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Industrial place		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Sewerage Disposal, Back River	
21D. TIME (Month) (Day) (Year) (Hour) INJURY June 25, 1952 8:30 A.m.		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? Missed his footing & fell from scaffold	

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, **accident** ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>Huntington Williams, M.D.</i>	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED June 25, 1952
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6-28-52	24C. NAME OF CEMETERY OR CREMATORY WESTERN CEMETERY BALTIMORE Md	24D. LOCATION (City, town, or county) (State) Md
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DATE RECEIVED BY LOCAL REGISTRAR JUN 26 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS Edgar & Lo Schwab 210, Frederick Ave.
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MEDICAL CERTIFICATION

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52 5864BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5864

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Donna Daft

2. DATE
OF
DEATH

6-25-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Somerset

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Chance

6900

D. STREET ADDRESS (If rural, give location)

Chance Maryland

c. Length of stay in Baltimore

Yrs.
Mos.
88 Days

5. SEX

female

6. COLOR OR RACE

white

7. ~~SINGLE~~ MARRIED.
WIDOWED, DIVORCED (Specify)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10b. KIND OF BUSINESS OR INDUSTRY

none

13. FATHER'S NAME

Thomas Daft

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

mother

ADDRESS

Chance Md.

18. 193X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Brain Tumor
(medulloblastoma)

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

10 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

9-21-51

19b. MAJOR FINDINGS OF OPERATION

medulloblastoma left cerebral hemisphere

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) INJURY

21e. INJURY OCCURRED

WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-13, 1952 to 6-25, 1952, that I last saw the deceased alive on 6-25, 1952, and that death occurred at 3:15 a. m., from the causes and on the date stated above.

23a. SIGNATURE

M. O.

23b. ADDRESS

univ. Hosp.

23c. DATE SIGNED

6-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24b. DATE

6/26/52

24c. NAME OF CEMETERY OR CREMATORY

Chance Cemetery

24d. LOCATION (City, town, or county) (State)

Chance Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

James Linnman

ADDRESS

Puncheon

JUN 26 1952

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MEDICAL CERTIFICATION

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5865**

165
BIRTH NO. **5865**

1. NAME OF DECEASED (Type or Print) Joseph B. Leberman			2. DATE OF DEATH 6. 26. 52.		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinsi Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 55 yrs.			D. STREET ADDRESS (If rural, give location) 3314 Woodland Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER	8. DATE OF BIRTH 1870		9. AGE (in years last birthday) 82
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Broker			10b. KIND OF BUSINESS OR INDUSTRY Real Estate		11. BIRTHPLACE (State or foreign country) Poland
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME Unknown		
14. MOTHER'S MAIDEN NAME Unknown			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Irvin R. Kolman- 4008 Duvell Avenue		

18. 157X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Carcinoma of Pancreas		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
(B) Gen. Carcinomatosis.		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 6		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from S. 17. 19 52 to June 26. 19 52 , that I last saw the deceased alive on June 26, 1952 , and that death occurred at 1 45 A.m. , from the causes and on the date stated above.					
23A. SIGNATURE Morris Goldbers		23B. ADDRESS Sinsi Hospital		23C. DATE SIGNED 6. 26. 52.	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/27/52		24C. NAME OF CEMETERY OR CREMATORY Aitz Chaim Cong.	
24D. LOCATION (City, town, or county) Baltimore, Maryland		24E. LOCATION (State) Baltimore, Maryland			
DATE RECEIVED BY LOCAL REGISTRAR JUN 26 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS Sol. Leberman & Bros - 1124-26 W. North Ave.	

1983

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered 52 5866

1. NAME OF DECEASED (Type or Print) <i>MORRIS Beitler</i>		2. DATE OF DEATH <i>6/25/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Mary Hays</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 15-12</i>	
C. Length of stay in Baltimore <i>unknown</i> 45 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>2802 Hilldale Ave</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Jan. 1, 1902</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Druggist</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Drug Store</i>	9. AGE (in years last birthday) <i>50</i>
11. BIRTHPLACE (State or foreign country) <i>Ireland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>Charles Beitler</i>		14. MOTHER'S MAIDEN NAME <i>Isaac Goldsmith</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>unknown</i> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>212-01-6286</i>	
17. INFORMANT <i>Mrs Anna Beitler</i>		ADDRESS <i>2802 Hilldale Ave</i>	

18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Cerebro-vascular Accident 6Ahs</i> DUE TO (B) <i>Hypertension</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>4-5 yrs</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>6/24/52</i> , 19 <i>52</i> , to <i>June 25</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>June 25</i> , 19 <i>52</i> and that death occurred at <i>12:00 A.M.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>John A. Stone</i>	23B. ADDRESS <i>Mary Hays</i>	23C. DATE SIGNED <i>6/25/52</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>June 26, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>CHISOR AMUNO</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 26 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Sol L. Lavin</i>	ADDRESS <i>1126 W North ave</i>

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MEDICAL CERTIFICATION

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side. Some words like "I have" and "to" are faintly visible.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 5867

630
BIRTH NO. 2 5867

1. NAME OF DECEASED (Type or Print) Glenna L. Krout.			2. DATE OF DEATH June 25, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Mrs. Prout's Nursing Home			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 1305 W. 37th St.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr 28, 1891		9. AGE (in years last birthday) 61
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Frackville, Pa.		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Unknown.			14. MOTHER'S MAIDEN NAME Unknown.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Millard H. Krout 1305 W. 37th St.		

18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Carcinoma general. DUE TO (B) Carcinoma Intest. DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 3 m month
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 9/1 19B. MAJOR FINDINGS OF OPERATION Carcinoma general Abdomen	

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April , 19 52 to June 25 , 19 52 , that I last saw the deceased alive on June 24 , 19 52 , and that death occurred at 11:45 Am., from the causes and on the date stated above.					
23A. SIGNATURE Herbert M. Foster		23B. ADDRESS 2824 St. Paul		23C. DATE SIGNED June 25-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 27/52		24C. NAME OF CEMETERY OR CREMATORY Mt. Zion	
24D. LOCATION (City, town, or county) Freeland, Md.		24E. NAME OF CEMETERY OR CREMATORY Freeland, Md.		24F. LOCATION (City, town, or county) Freeland, Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 26 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS William E. Snovan - 3818 Roland	

June 25, 1927

Charles E. Brown

Bartholomew

Bartholomew

Two Brothers Building House

1927 E. 20th St.

61

Apr 29, 1927

Bartholomew

White

White

W.C.

Franklin, Pa.

Franklin, Pa.

Unknown

Unknown

William E. Brown 1927 E. 20th St.

Franklin, Pa.

June 27, 1927 W.C. Brown

Bartholomew

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1928

DATE OF DEATH

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **52 5869**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JAMES BURNETT WINSLOW			2. DATE OF DEATH June 23, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 4-01		
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 13 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 48 Market Place		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH ?	9. AGE (in years last birthday) ABOUT 60	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER			10B. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION		11. BIRTHPLACE (State or foreign country) Virginia
13. FATHER'S NAME Wm. Winslow			14. MOTHER'S MAIDEN NAME MARY TRUIT		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. C.A. Kohls			ADDRESS SPRINGVILLE, Mo.		

18. 581.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fatty Liver DUE TO Chronic Alcoholism	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II	(B) DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C) DUE TO	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Stanley H. Dunne M.D.	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED 6/23/52
--	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 6/28/52	24C. NAME OF CEMETERY OR CREMATORY FOREST LAWN	24D. LOCATION (City, town, or county) (State) NORFOLK, VA.
--	-----------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR JUN 26 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR JOHN O. McTCHERRY SONS	ADDRESS 1901 EUTAW PLACE
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MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 5870

BIRTH NO.

1. NAME OF DECEASED (Type or Print) BENJAMIN SMITH			2. DATE OF DEATH June 23, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Franklin Square Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 25yrs.			D. STREET ADDRESS (If rural, give location) 514 N. Calhoun Street		
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 4/1/1906	9. AGE (In years last birthday) 46	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COOK		10B. KIND OF BUSINESS OR INDUSTRY HOTEL	11. BIRTHPLACE (State or foreign country) TIMMONSVILLE, S.C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME BENJ. SMITH			14. MOTHER'S MAIDEN NAME LAURA BRUSSELL		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT ADDRESS ELIZA SMITH(W) 514 CALHOUN ST.		

18. E974X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Asphyxia DUE TO hanging		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 514 N. Calhoun Street	
21D. TIME (Month) (Day) (Year) (Hour) INJURY Found 6-23-52 9:40 P.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Hanged self with rope from drain pipe	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William J. Howard</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED June 24, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 6/27/52		24C. NAME OF CEMETERY OR CREMATORY ARBUTUS MEM'L. PK.	
24D. LOCATION (City, town, or county) (State) BALTO. COUNTY? MD.		25. FUNERAL DIRECTOR ADDRESS <i>Huntington Walliquers, M. J. Charles & Cooper 512 Carroll St.</i>			

550
2 5871

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5871

1. NAME OF DECEASED (Type or Print) LOUIS NEWMAN		2. DATE OF DEATH 6-25-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland 6028 Old Harford St		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Beach Hill Nursing Home		C. CITY OR TOWN (If outside corporate limits, write R.U.R. (L. and give township) Baltimore 27-18	
c. Length of stay in Baltimore 65 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 4704 Wilern Ave	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 68
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10B. KIND OF BUSINESS OR INDUSTRY Photographs	11. BIRTHPLACE (State or foreign country) Russia
13. FATHER'S NAME Not known		14. MOTHER'S MAIDEN NAME Not known	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Merrill Newman - Same
18. 163X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAACINOMA LONG DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ARTERIO SCLERATIS DUE TO CARDIO-VASCULAR DISEASE DUE TO DISEASE			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/6 , 19 52 to 6/20 , 19 52 , that I last saw the deceased alive on 6/20 , 19 52 , and that death occurred at 9 m., from the causes and on the date stated above.			
23A. SIGNATURE John W. Khan		23B. ADDRESS 701 Glenview Court Rd	23C. DATE SIGNED 6/25/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6-27-52	24C. NAME OF CEMETERY OR CREMATORY Hebrew Young Men	24D. LOCATION (City, town, or county) (State) Balto Md
DATE RECEIVED BY LOCAL REGISTRAR JUN 26 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Black Lewis Inc	ADDRESS 2100 Canton St

1952 490 8F-5800

178

Sc

STANDARD STATION

178

100
2 5872BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5872

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lawrence L. Goeb

2. DATE
OF DEATH June 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION 3 N. Streeper St.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
3 N. Streeper St.

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Feb. 1, 1890

9. AGE (In years
last birthday) 62If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Retired Fireman10B. KIND OF BUSINESS OR
INDUSTRY City11. BIRTHPLACE (State or foreign country)
Maryland12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

Goeb

14. MOTHER'S MAIDEN NAME

?

Knorlein

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mazie Goeb 3 N. Streeper St.

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *massain pulmonary hemorrhage*
DUE TO

instant

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *pulmonary stitiosis*
DUE TO

7 yrs.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1944 to June 24, 1952, that I last saw the
deceased alive on June 24, 1952, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

L. E. Doherty

M. O.

23B. ADDRESS

4474 Kenwood Ave.

23C. DATE SIGNED

6/25/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6-27-1952

24C. NAME OF CEMETERY OR CREMATORY

Oaklawn

24D. LOCATION (City, town, or county) (State)

Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 26 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John A. Moran

ADDRESS

3000 E. Baltimore St.

VS 150

762 93

554

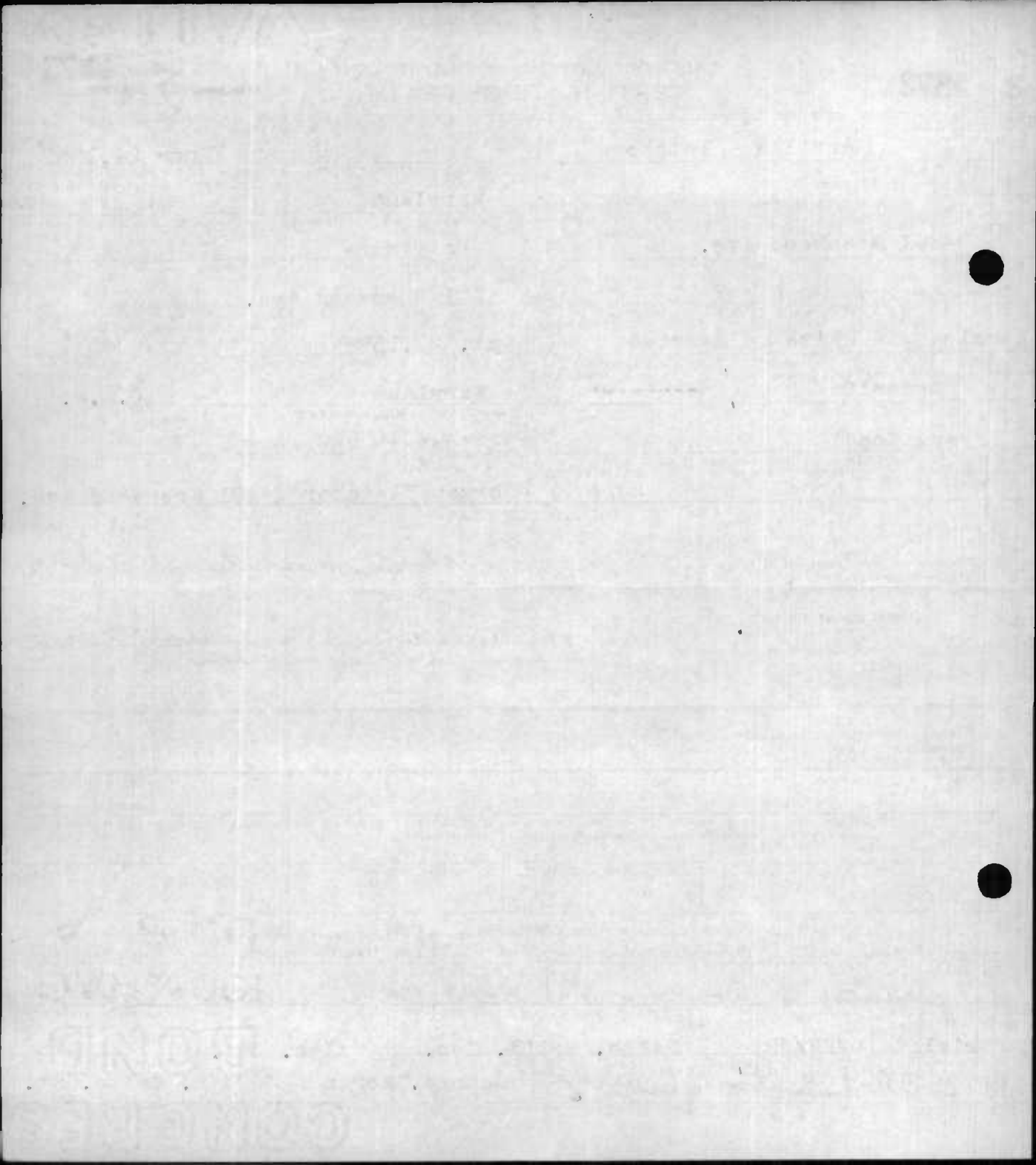
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5 4 3 2 1

432
52 5873
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5873
Registered No.

1. NAME OF DECEASED (Type or Print) Arvilla Fletcher		2. DATE OF DEATH June 24, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 4401 Wrenwood Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore ? ? Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 4401 Wrenwood Ave.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 27, 1898
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY -----	9. AGE (In years last birthday) 53
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Frank Wood		14. MOTHER'S MAIDEN NAME Elizabeth Morgan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none	
17. INFORMANT Norman Fletcher		ADDRESS 4401 Wrenwood Ave.	
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Bronchopneumonia DUE TO (B) Hypertensive cardiac vascular disease with hemiplegia DUE TO (C) ? INTERVAL BETWEEN ONSET AND DEATH 3 days ? years			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March 14, 1952 , to 6/24 , 1952, that I last saw the deceased alive on 6/23 , 1952, and that death occurred at 1 P. m. , from the causes and on the date stated above.			
23A. SIGNATURE Anthony J. Thomas M. D.		23B. ADDRESS 4600 York Road	
23C. DATE SIGNED 6/25/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/27/52	
24C. NAME OF CEMETERY OR CREMATORY Balto. Nat'l. Cem.		24D. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 26 1952		25. FUNERAL DIRECTOR John A. Morgan ADDRESS 3000 E. Balto. St.	



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered 52 5874BIRTH NO. 52-5874-127071. NAME OF DECEASED
(Type or Print)BABY BOY GRAY2. DATE
OF
DEATHMay 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTIONUnion Memorial4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

MarylandBaltimoreC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)Baltimore 12

D. STREET ADDRESS (If rural, give location)

841 Bradhurst Road

C. Length of stay in Baltimore

2Year
Month
Days

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Single

8. DATE OF BIRTH

May 27, 19529. AGE (In years
last birthday)H Under 1 Year
Months: Days2H Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Newborn10B. KIND OF BUSINESS OR
INDUSTRYNewborn

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF
WHAT COUNTRY?U.S.

13. FATHER'S NAME

William Nowick Gray

14. MOTHER'S MAIDEN NAME

Jane Boker Steuart15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)No16. SOCIAL
SECURITY NO.

17. INFORMANT

Mother

ADDRESS

Same18. 762.5

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Atelectasis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH52 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Prematurity

DUE TO

52 hrs.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)22. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/27, 1952, to 5/29, 1952 that I last saw the
deceased alive on 5/29, 1952, and that death occurred at 11:35A.m., from the causes and on the date stated above.

23A. SIGNATURE

Albert H. Dudley, Jr.

M. D.

23B. ADDRESS

Union Memorial

23C. DATE SIGNED

6-2-5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

5871

APR 24 1964

1964

CERTIFICATE CORRECTED

6-27-52

11/14/52

ES

EB - 160414

BALTIMORE CITY HEALTH DEPARTMENT

52

5875

CERTIFICATE OF DEATH

Registered No.

52 5875

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Perma I.		2. DATE OF DEATH June 24, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1515 Linden Avenue - zone 17	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11/22/1915
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (In years last birthday) 36
13. FATHER'S NAME Benjamin E. Chaffman		11. BIRTHPLACE (State or foreign country) Balto. Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		12. CITIZEN OF WHAT COUNTRY? U. S.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Maudie Drazee	
17. INFORMANT Records: B.C.H. 4940 Eastern Avenue		ADDRESS	

18. 193X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Herniation of brain substance into foramen magnum		INTERVAL BETWEEN ONSET AND DEATH 1 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Due to intracerebral mass (malignant)		6 months
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (A) Cystitis and pyelitis		months

19A. DATE OF OPERATION 6-24		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21F. HOW DID INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			

22. I hereby certify that I attended the deceased from **6-23**, 19**52**, to **6-24**, 19**52**, that I last saw the deceased alive on **6-24**, 19**52**, and that death occurred at **3:00 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE J. J. Rozen	23B. ADDRESS 4940 Eastern Avenue	23C. DATE SIGNED
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/27/52	24C. NAME OF CEMETERY OR CREMATORY London Park	24D. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY JUN 26 1952		REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Wm. R. Mc. 217 St. Paul St

See query reply in Document File

462
52 5876

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5876

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Cecilia Theresa Clark</i>		2. DATE OF DEATH <i>6-26-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Balto.</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>14 North Montford Ave.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>			
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1314 N. Montford Ave.</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Apr. 24, 1886</i>	9. AGE (in years last birthday) <i>66</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>		11. BIRTHPLACE (State or foreign country) <i>Charleston - West Va.</i>	
13. FATHER'S NAME <i>August F. Schulte</i>		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Margaret L. Bena - 1314 N. Montford Ave.</i>	
18. <i>422.2</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) <i>Phonetic name of disease</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>5 1/2 +</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Phonetic name of disease</i> DUE TO		<i>20 yrs</i>	
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>March</i> , 19 <i>52</i> , to <i>June 26</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>June 26</i> , 19 <i>52</i> , and that death occurred at <i>6:24</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>J. H. Grayson</i>		23B. ADDRESS <i>817 St Paul St</i>		23C. DATE SIGNED <i>6/26/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>6/30/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>	
24D. LOCATION (City, town, or county) (State) <i>Belair Rd. - Balto. Md.</i>		25. FUNERAL DIRECTOR ADDRESS <i>John C. Noble Inc. - 2435 E. Oliver St</i>			
DATE RECEIVED BY LOCAL REGISTRY <i>JUN 28 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>			

MEDICAL CERTIFICATION

623

52 5877

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5877

1. NAME OF DECEASED (Type or Print)		MARY WRIGHTSON		2. DATE OF DEATH June 24, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
5. FULL NAME OF HOSPITAL OR INSTITUTION 316 S. Washington Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 316 S. Washington Street			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widow		8. DATE OF BIRTH Dec. 25, 1884	9. AGE (In years last birthday) 67
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
13. FATHER'S NAME George Joslin		12. CITIZEN OF WHAT COUNTRY? USA			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT 2626 Guilford Avenue 18 Alfred George Wrightson	
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) Cerebral hemorrhage		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 2 hrs.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Hypertensive cardiovascular disease DUE TO Coronary heart disease		5 yrs + 5 yrs +	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Apr. 1952, to June 24, 1952, that I last saw the deceased alive on June 14, 1952, and that death occurred at 12:35 P.m., from the causes and on the date stated above.					
23A. SIGNATURE Geo. J. Joslin		23B. ADDRESS 426 S. Patterson Park Ave M. D.		23C. DATE SIGNED 6/24/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 6/27/52		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery	
DATE RECEIVED BY LOCAL REGISTRAR JUN 26 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC. BALTO., 13, MD.	
VS 150		195205877			

MEDICAL CERTIFICATION

777

CERTIFICATE OF DEATH

DATE OF DEATH

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DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

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2 5878
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5878
Registered No.

1. NAME OF DECEASED (Type or Print) NETTIE ELIZABETH WRIGHTSON			2. DATE OF DEATH June 24, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Ardleigh Nursing Home			C. CITY OR TOWN (If outside corporation, write full name of township) Baltimore		
c. Length of stay in Baltimore Life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1825 E. 29th. Street		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 2, 1883		9. AGE (In years last birthday) 68
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School teacher			10B. KIND OF BUSINESS OR INDUSTRY Pub. Schools, Ret.		11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME John T. Wrightson		
14. MOTHER'S MAIDEN NAME Moirra Louise Cole			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		
16. SOCIAL SECURITY NO. none			17. INFORMANT 7510 Harford Rd. Mr. Charles Stone		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial infarction DUE TO Arteriosclerosis DUE TO High blood pressure		INTERVAL BETWEEN ONSET AND DEATH 8 days 8 yrs 8 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 26 June 1952 to June 24, 1952 that I last saw the deceased alive on 23 June 1952 and that death occurred at 1045 a.m. from the causes and on the date stated above.					
23A. SIGNATURE Edw. J. Zimmerman M.D.		23B. ADDRESS 2858 Harford Rd.		23C. DATE SIGNED 6-26-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 6/28/52		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Md.		25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC. BALTO. 5 18, MD 5			
DATE RECEIVED BY LOCAL REGISTRAR JUN 26 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

VS 150
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MEDICAL CERTIFICATION

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UNITED STATES OF AMERICA
DEPARTMENT OF COMMERCE

1948

OFFICE OF THE SECRETARY

WASHINGTON, D. C.

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

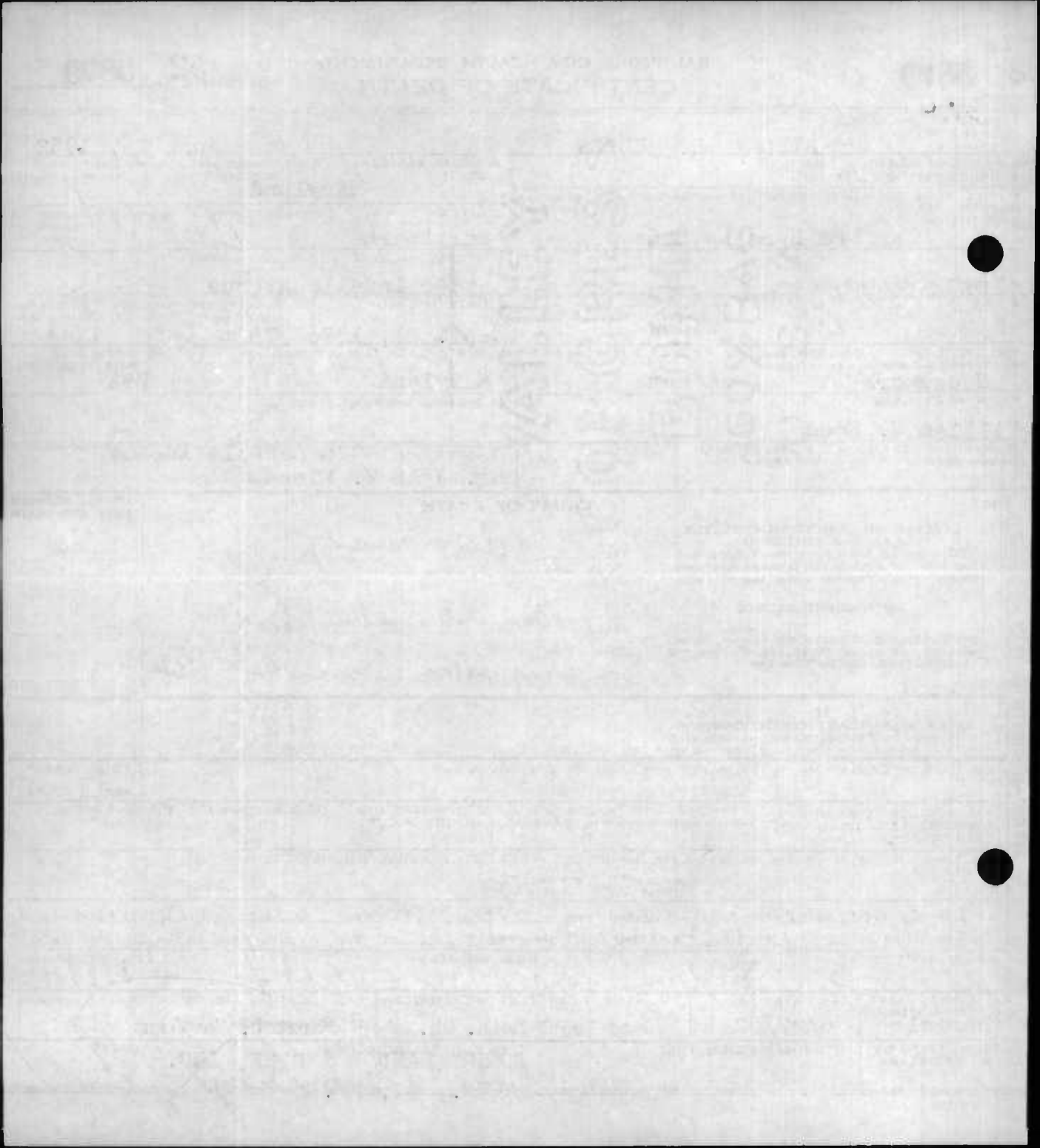
Registered No. 52 5879

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		STELLA B. KLEES		June 25, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Harford Nursing Home		C. CITY OR TOWN (If outside corporate limits, write FULL, and give township) Baltimore 26-01			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 4300 LaSalle Avenue			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Sept. 21, 1876	9. AGE (In years last birthday) 75
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME William H. Hood		14. MOTHER'S MAIDEN NAME ?		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT 4300 LaSalle Avenue Mr. John W. Klees	

MEDICAL CERTIFICATION

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Cerebral Hemorrhage (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 1 day
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO Generalized Arteriosclerosis Hypertension Cerebral Vascular Disease (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/1, 1944 to 6/15, 1952, that I last saw the deceased alive on 6/24, 1952, and that death occurred at 7:45 m., from the causes and on the date stated above.					
23A. SIGNATURE S. C. Feldman		23B. ADDRESS 1440 E. Belt Rd.		23C. DATE SIGNED 6/26/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 6/27/52		24C. NAME OF CEMETERY OR CREMATORY Sams Creek Meth. Ch.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 26 1952		REGISTRAR'S SIGNATURE Huntington Williams		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC. BALTO., MD.					



CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. **52 5880**

210
5880
BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOHN JESSUP		2. DATE OF DEATH June 24, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Franklin Square Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore ? Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1620 W. Mulberry Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 1/29/99
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Gen	
13. FATHER'S NAME Leroy Jessup		14. MOTHER'S MAIDEN NAME Clara Warner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		17. INFORMANT Mr. Jessup 1304 Riggs Ave. ADDRESS	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral hemorrhage DUE TO hypertensive cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Stanley H. Dunleavy M.D.		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED June 25, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/28/52		24C. NAME OF CEMETERY OR CREMATORY Arbutus	
24D. LOCATION (City, town, or county) (State) Arbutus, Md.		25. FUNERAL DIRECTOR Geo. H. Kelson ADDRESS			

DATE RECEIVED BY LOCAL REGISTRAR **JUN 26 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **Geo. H. Kelson** ADDRESS **1303 Presstman St**

MEDICAL CERTIFICATION

0880

SS

STATE OF TEXAS

1880

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52 5881

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5881
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Harry Gallup</i>			2. DATE OF DEATH <i>6/24/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>09</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>So. Baltimore General Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 26</i>		
D. Length of stay in Baltimore Yrs. <i>4</i> Mos. <i>0</i> Days <i>0</i>			O. STREET ADDRESS (If rural, give location) <i>914 S. Conkline St.</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>March 13, 1912</i>		9. AGE (In years last birthday) <i>40</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Supervisor</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Rustless Iron & Steel</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>James E. Gallup</i>			14. MOTHER'S MAIDEN NAME <i>Lena Michner</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <i>acute glomerulonephritis</i> DUE TO (B) <i>Hypertensive cardiovascular disease</i> DUE TO (C) <i>Secondary anemia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>months</i> <i>years</i> <i>months</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>6-17</i> , 19 <i>52</i> to <i>6-24</i> , 19 <i>52</i> that I last saw the deceased alive on <i>6-24</i> , 19 <i>52</i> and that death occurred at <i>11:50 am.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Agustus C. Campbell</i>		23B. ADDRESS <i>1213 Light St</i>		23C. DATE SIGNED <i>6-24-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>6/27/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>BALTIMORE</i>	
24D. LOCATION (City, town, or county) (State) <i>BALTIMORE MD</i>		25. FUNERAL DIRECTOR ADDRESS <i>Blavene Hoffman 1639 Broadway</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 26 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>			

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5882**

415
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1. NAME OF DECEASED (Type or Print) OTIS BAILEY MELVIN		2. DATE OF DEATH June 26, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Va. B. COUNTY V-43	
B. FULL NAME OF HOSPITAL OR INSTITUTION US Public Health Service Hospital an Pk. Drivd & 31st St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chincoteague	
c. Length of stay in Baltimore ? Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location)	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2/13/93
10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired) none		9. AGE (In years last birthday) 59	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Va.	
13. FATHER'S NAME David Melvin		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. WONE	
17. INFORMANT Records- US PHS Hospital, Balb, Md.		ADDRESS <input checked="" type="checkbox"/>	

18. 002 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) Pulmonary tuberculosis, suspected		Unknown	
DUE TO			
ANTECEDENT CAUSES		(B) Disseminated tuberculosis, suspected	Unknown
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO	
		(C)	

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **May 7**, 19**52**, to **June 26**, 19**52** that I last saw the deceased alive on **June 26**, 19**52**, and that death occurred at **3:45A** m., from the causes and on the date stated above.

23A. SIGNATURE J.A. Hunter J.A. Hunter, Clinical Director	23B. ADDRESS US PHS Hospital, Balto, Md.	23C. DATE SIGNED 6/26/52
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24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 6/26/52	24C. NAME OF CEMETERY OR CREMATORY Chincoteague	24D. LOCATION (City, town, or county) (State) Chincoteague Va.
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DATE RECEIVED BY LOCAL REGISTRAR JUN 26 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm. R. ...	ADDRESS 1214 St Paul St
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MEDICAL CERTIFICATION

UNITED STATES OF AMERICA
DEPARTMENT OF COMMERCE
BUREAU OF MARITIME SERVICE

1945

1945

1. Name of Vessel: _____

2. Date of Departure: _____

3. Port of Origin: _____

4. Port of Destination: _____

5. Name of Master: _____

6. Name of Agent: _____

7. Name of Charterer: _____

8. Name of Cargo: _____

9. Name of Shipper: _____

10. Name of Receiver: _____

11. Name of Consignee: _____

12. Name of Consignee: _____

13. Name of Consignee: _____

14. Name of Consignee: _____

15. Name of Consignee: _____

16. Name of Consignee: _____

17. Name of Consignee: _____

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52 5883BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHX 52 5883
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HERMAN L. REICH

2. DATE
OF
DEATH

6-25-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

UNIVERSITY

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Catonville

5252

D. STREET ADDRESS (If rural, give location)

412 Inghide Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Construction

13. FATHER'S NAME

Jacob Reich

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

215-05-6136

17. INFORMANT

Mrs May Reich 412 Inghide Ave

18. 502.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Congestive Heart Failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)

Chronic Bronchitis

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-24-52, 1952, to 6-25-52, 1952, that I last saw the
deceased alive on 6-25-52, 1952, and that death occurred at 5 A.M., from the causes and on the date stated above.

23A. SIGNATURE

R. Mosser

M. O.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

6-25-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6/28/52

24C. NAME OF CEMETERY OR CREMATORY

Good Shepherd

24D. LOCATION (City, town, or county) (State)

Ellicott City, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Easton Lane Catonsville, Md.

3333 32

STATE OF NEW YORK
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1933 31

1. Name of Deceased: *John Doe*

2. Sex: *Male*

3. Age: *45*

4. Date of Birth: *Jan 15 1888*

5. Place of Birth: *New York City*

6. Usual Residence: *123 Main St, New York City*

7. Date of Death: *Dec 10 1933*

8. Time of Death: *10:30 AM*

9. Place of Death: *Home*

10. Cause of Death: *Heart Disease*

11. Nature of Injury: *None*

12. Name of Physician: *Dr. J. Smith*

13. Name of Undertaker: *John Doe*

14. Name of Burial Place: *St. John's Church*

15. Name of Minister: *Rev. J. Doe*

16. Name of Coroner: *John Doe*

17. Name of Registrar: *John Doe*

18. Name of Medical Examiner: *John Doe*

19. Name of Pathologist: *John Doe*

20. Name of Anatomist: *John Doe*

21. Name of Embalmer: *John Doe*

22. Name of Funeral Home: *John Doe*

23. Name of Cemetery: *St. John's Church*

24. Name of Interment: *St. John's Church*

25. Name of Burial Place: *St. John's Church*

26. Name of Burial Place: *St. John's Church*

27. Name of Burial Place: *St. John's Church*

28. Name of Burial Place: *St. John's Church*

29. Name of Burial Place: *St. John's Church*

30. Name of Burial Place: *St. John's Church*

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33. Name of Burial Place: *St. John's Church*

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94. Name of Burial Place: *St. John's Church*

95. Name of Burial Place: *St. John's Church*

96. Name of Burial Place: *St. John's Church*

97. Name of Burial Place: *St. John's Church*

98. Name of Burial Place: *St. John's Church*

99. Name of Burial Place: *St. John's Church*

100. Name of Burial Place: *St. John's Church*

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5884
Registered No.

354
52 5884
BIRTH NO. 32-12912

1. NAME OF DECEASED (Type or Print) <i>Mary Ellen O'Donnell</i>		2. DATE OF DEATH <i>June 25, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Balto</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Hospital for the Women of Md</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Catonville-28</i>	
6. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>22 Briarwood Rd 5352</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>June 8, 1952</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Infant</i>		10B. KIND OF BUSINESS OR INDUSTRY	
11. FATHER'S NAME <i>John Brophy O'Donnell</i>		12. MOTHER'S MAIDEN NAME <i>Mary Catherine Nolan</i>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give year or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mrs John B O'Donnell</i>		ADDRESS <i>22 Briarwood Rd Catonsville Md</i>	

18. 754.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Congenital heart disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>17 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Prematurity - 38 wks</i>		

19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>July 8, 1952</i> 19__, to <i>June 25, 1952</i> , that I last saw the deceased alive on <i>June 25, 1952</i> and that death occurred at <i>4:55 P.M.</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>Helen C. Bruckner</i>		23B. ADDRESS <i>Hosp for Women of Md</i>		23C. DATE SIGNED <i>6-25-52</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	24B. DATE <i>6-26-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Catholic Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Balto. Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 26 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>George A. Farley</i>	
VS 150		ADDRESS <i>Catonville, Md</i>	

MEDICAL CERTIFICATION

1883 Se

Mar 5

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side. Some words like "March" and "1883" are faintly visible.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5885**

BIRTH NO. 655 52 5885			1. NAME OF DECEASED (Type or Print) EHRMAN, ELIZABETH M.			2. DATE OF DEATH 6-24-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY 28-04					
B. FULL NAME OF HOSPITAL OR INSTITUTION FRANKLIN SQ WOSP			C. CITY OR TOWN (If outside corporate limits, write R.R. and give township) BALTO.					
C. Length of stay in Baltimore LIFE			D. STREET ADDRESS (If rural, give location) 9 N. TREMONT RD					
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, <u>WIDOWED</u> DIVORCED (Specify)						
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. OWNER			10B. KIND OF BUSINESS OR INDUSTRY GROCERY STORE					
13. FATHER'S NAME JOHN STOCK			14. MOTHER'S MAIDEN NAME ELIZ. MAURER			12. CITIZEN OF WHAT COUNTRY? USA		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Alfred Ehrman, 9 N. Tremont Rd.		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Bilateral pleural effusion DUE TO (B) Cardiac Decompensation DUE TO (C) Atherosclerosis C.V.D.	INTERVAL BETWEEN ONSET AND DEATH ?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 7		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-23 , 19 52 to 6-24 , 19 52 that I last saw the deceased alive on 6-24 , 19 52 , and that death occurred at 9:54 a.m., from the causes and on the date stated above.					
23A. SIGNATURE Sam Borboric		23B. ADDRESS Franklin Sq Hosp		23C. DATE SIGNED 6-24-52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 6-28-52		24C. NAME OF CEMETERY OR CREMATORY Cathedral	
				24D. LOCATION (City, town, or county) (State) Balto. Ind.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 26 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS George H. Farley - Catonsville, Ind.	

1997

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1997

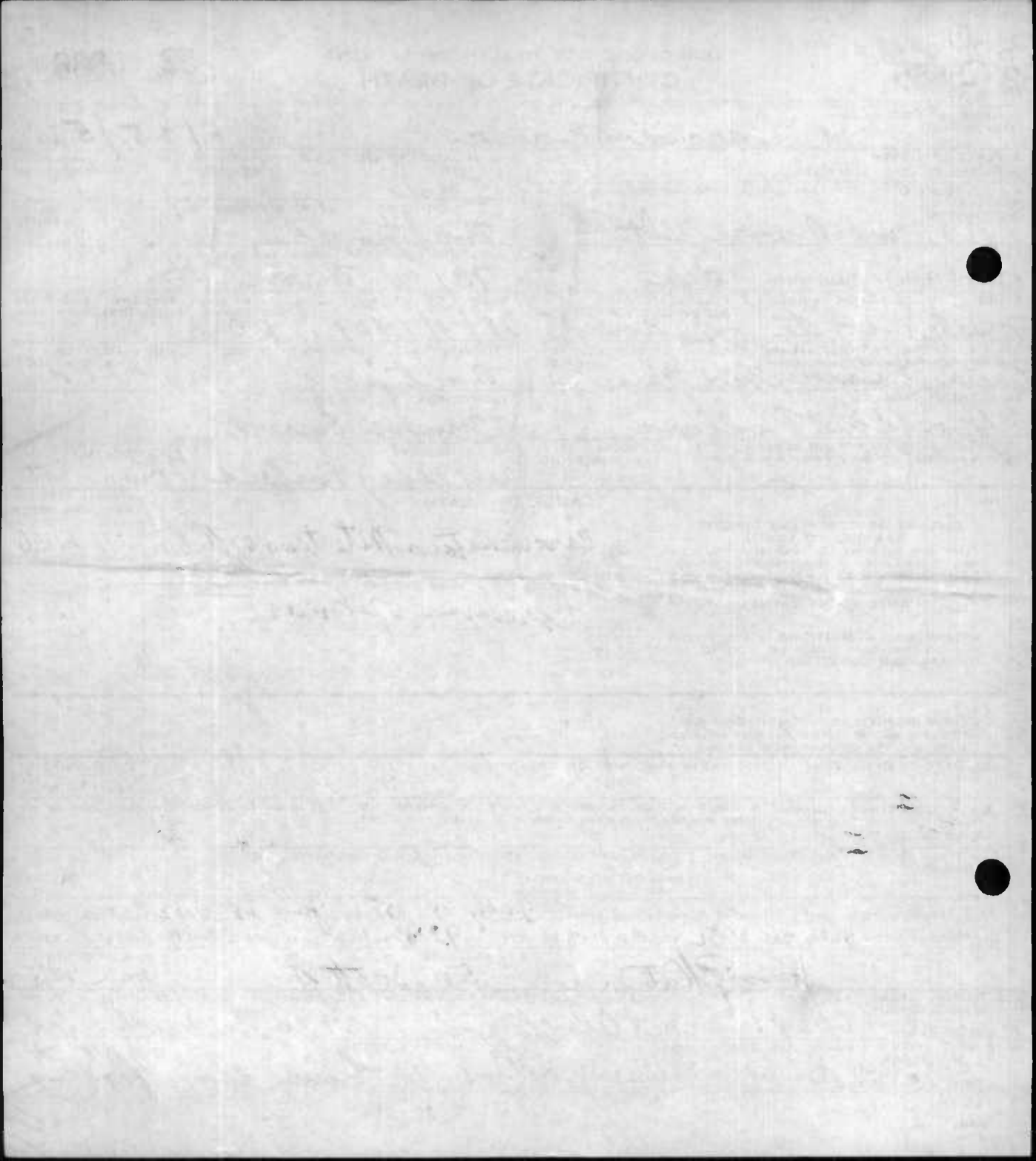
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52 5886BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5886

1. NAME OF DECEASED (Type or Print) <i>M. Lorraine Bauer</i>		2. DATE OF DEATH <i>6/25/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>731 W. Barre St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 21-01</i>		
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>731 W. Barre St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>11/4/1901</i>	
9. AGE (in years last birthday) <i>50</i>		10. Under 1 Year Months: Days		
11. Under 24 Hours Hours: Min.		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>Joseph Pollard</i>		14. MOTHER'S MAIDEN NAME <i>Mary Essert</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>-</i>		16. SOCIAL SECURITY NO. <i>-</i>		
17. INFORMANT <i>Mrs Mary Pollard Barre St.</i>		ADDRESS		
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>170x I Carcinomatous Metastases of the bone</i> DUE TO ANTECEDENT CAUSES <i>Carcinoma of Breast</i> DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>II</i>				INTERVAL BETWEEN ONSET AND DEATH <i>11 months</i> <i>2 years</i>
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>				
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <i>July 19, 1951</i> , to <i>June 25, 1952</i> that I last saw the deceased alive on <i>July 24, 1952</i> and that death occurred at <i>9:30 P.m.</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>Harry Kates</i>		23B. ADDRESS <i>517 Scott St.</i>		
23C. DATE SIGNED <i>June 26/52</i>				
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>6/28/52</i>		
24C. NAME OF CEMETERY OR CREMATORY <i>Mt Olivet Cem</i>		24D. LOCATION (City, town, or county) (State) <i>2930 Frederick Ave. Baltimore</i>		
24E. DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 26 1952</i>		24F. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		
24G. FUNERAL DIRECTOR <i>John J. Bowman</i>		24H. ADDRESS <i>301 Hollins St.</i>		



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No **5887**

BIRTH NO 5887		1. NAME OF DECEASED (Type or Print) Pauline Bolton		2. DATE OF DEATH 6/25/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 16 So. Fremont Ave		C. CITY OR TOWN (If outside corporate limits write full name and give township) Baltimore 18-03			
C. Length of stay in Baltimore 5 Yrs. MOS. Days		D. STREET ADDRESS (If rural, give location) 16 So. Fremont Ave			
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 5/29/1916	9. AGE (In years last birthday) 36	10. Under 1 Year Months; Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Harrisonburg Va.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME G. D. Barber		14. MOTHER'S MAIDEN NAME Unknown		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) -	
16. SOCIAL SECURITY NO. -		17. INFORMANT ADDRESS Mr Herbert R. Bolton 16 So Ave Fremont			
18. 157X		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Carcinoma of Pancreas		INTERVAL BETWEEN ONSET AND DEATH about 5 months	
ANTECEDENT CAUSES		(B) DUE TO			
DISEASES OR CONDITIONS, IE ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		University Hospital Balto. Md.			
19A. DATE OF OPERATION about April 1952	19B. MAJOR FINDINGS OF OPERATION Carcinoma of Pancreas - generalized metastasis			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 24, 1952 to June 25, 1952 , that I last saw the deceased alive on June 24, 1952 and that death occurred at 6:30 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE G. Highstem		23B. ADDRESS 888 W. Lombard St		23C. DATE SIGNED 6-26-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/28/52	24C. NAME OF CEMETERY OR CREMATORY Bridgeview Cem	24D. LOCATION (City, town, or county) (State) Bridgeview Va.		
DATE RECEIVED BY LOCAL REGISTRAR JUN 26 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR John J. Cowan & Son		ADDRESS St. Hollins	

MEDICAL CERTIFICATION

343
5888BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5888
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) RAI AYDLETT		2. DATE OF DEATH June 26, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Florida B. COUNTY V-08			
B. FULL NAME OF HOSPITAL OR INSTITUTION US Public Health Service Hospital Wyman Pk. Drive & 31st St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Miami			
c. Length of stay in Baltimore 35 days		D. STREET ADDRESS (If rural, give location) 200 NW 27th Avenue			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10/17/89	9. AGE (In years last birthday) 52	11 Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seaman		10B. KIND OF BUSINESS OR INDUSTRY seafarer		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Sally Ann Owens			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?		16. SOCIAL SECURITY NO. 263-18-1966		17. INFORMANT ADDRESS Records- US PHS Hospital, Balto, Md.	
18. 162X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Carcinoma right lung, with widespread metastases DUE TO (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH Unknown					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 22 , 19 52 to June 26 , 19 52 that I last saw the deceased alive on June 26 , 19 52 and that death occurred at 9:40A m., from the causes and on the date stated above.					
23A. SIGNATURE J.A. Hunter J.A. Hunter, Clinical Director		23B. ADDRESS US PHS Hospital, Balto, Md.		23C. DATE SIGNED 6/26/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 6/26/52		24C. NAME OF CEMETERY OR CREMATORY Miami	
24D. LOCATION (City, town, or county) Miami Fla		25. FUNERAL DIRECTOR 1217 St Paul St			
DATE RECEIVED BY LOCAL REGISTRAR JUN 26 1952		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		ADDRESS 1217 St Paul St	

15 5000

RECEIVED FOR THE DIRECTOR
CENTRAL BUREAU OF INVESTIGATION

NOV 15 1950

TO THE DIRECTOR

FROM THE DIRECTOR

RE: [illegible]

11-15-50

1. [illegible]

2. [illegible]

3. [illegible]

4. [illegible]

5. [illegible]

6. [illegible]

7. [illegible]

CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

CERTIFICATE CORRECTED

Registered No. **5889**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ANTONIO		2. DATE OF DEATH June 23, 1952	
3. PLACE OF DEATH A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Morgue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 3432 Erdman Avenue	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 1, 1899
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sanitary Engineer		10B. KIND OF BUSINESS OR INDUSTRY Market	9. AGE (in years last birthday) 53
13. FATHER'S NAME Joseph Messina		12. CITIZEN OF WHAT COUNTRY? Italy	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Angeline Messina		ADDRESS 3432 Erdman Ave	

18. **E981X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Gunshot wounds of the head**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____

DUE TO

(C) _____

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) automobile	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Market Place south of Plowman Street
21D. TIME (Month) (Day) (Year) (Hour) INJURY Found 6/23/52 9:30 A. m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? firearms

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE William J. [Signature]	23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....	23C. DATE SIGNED 6/23/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6-27-52	24C. NAME OF CEMETERY OR CREMATORY St. [Signature] Redemptor
24D. LOCATION (City, town, or county) (State) Balto., Md		

DATE RECEIVED BY LOCAL REGISTRAR JUN 26 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Edward J. [Signature]	ADDRESS 2512 Edmond
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520
REA- 159746
52 5890

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5890

1. NAME OF DECEASED (Type or Print) Annie Jones		2. DATE OF DEATH June 25, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY X	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 20 yrs.		D. STREET ADDRESS (If rural, give location) 1208 Connell Court-2 (CANAL COURT)	
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 15, 1888
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 64 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME Rubin Johnson		11. BIRTHPLACE (State or foreign country) Ga.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Roda (Reda) McKeny	
17. INFORMANT Records: B. C. H. 4940 Eastern Avenue		ADDRESS	

18. 156.2 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Metastatic Carcinoma to the liver original site unknown		INTERVAL BETWEEN ONSET AND DEATH Unknown
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 6-21-52		19B. MAJOR FINDINGS OF OPERATION Carcinoma		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 6-3 , 19 52 , to 6-25 , 19 52 , that I last saw the deceased alive on 6-25 , 19 52 , and that death occurred at 9 A m., from the causes and on the date stated above.				
23A. SIGNATURE J. D. Rozen M. D.		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 6-25-52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6-29-52	24C. NAME OF CEMETERY OR CREMATORY W. Calvary Cem	24D. LOCATION (City, town, or county) (State) AA. CO Md.
DATE RECEIVED BY LOCAL REGISTRAR JUN 26 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Rayner Sanders ADDRESS 317 E. Preston St	

VS 150
152000580

— 424 —

1

451
5891

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5891

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mrs. Marie Hollenbaugh		2. DATE OF DEATH 6-24-52	
3. PLACE OF DEATH: Baltimore A. Baltimore City, Maryland B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Howard C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City D. STREET ADDRESS (If rural, give location) Ellicott City Md. 6200	
c. Length of stay in Baltimore 46 Years		Yrs. Mos. Days	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Samuel Fritz		14. MOTHER'S MAIDEN NAME Alice McNaill	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. 446 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebro Vascular Accident DUE TO Malignant Hypertension (Nephrosclerosis) DUE TO (Nephrosclerosis) DUE TO	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 6/19/52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6/19, 1952 to 6/24, 1952 , that I last saw the deceased alive on 6/24, 1952 , and that death occurred at 12 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE [Signature]		23B. ADDRESS St. Agnes		23C. DATE SIGNED 6/24/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 6-27-1952		24C. NAME OF CEMETERY OR CREMATORY St. Johns	
24D. LOCATION (City, town, or county) (State) Howard Co. MARYLAND.		25. FUNERAL DIRECTOR G. M. Waltz		ADDRESS Winfield, Md	
DATE RECEIVED BY LOCAL REGISTRAR JUN 26 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR G. M. Waltz	

19520005800

STATE OF NEW YORK

IN SENATE

January 11, 1982

REPORT

OF THE

COMMISSIONER OF

THE STATE

OF NEW YORK

TO THE

SENATE

AND

ASSEMBLY

FOR THE

YEAR

ENDING

DECEMBER

31, 1981

AND

FOR THE

PERIOD

FROM

DECEMBER

31, 1980

TO

DECEMBER

52 5892

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5892

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILHELMINA HARR

2. DATE
OF
DEATH

June 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Edgewood Nursing Home
Bellona & Belvedere Aves.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

784 Grantley St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Sept. 19, 1874

9. AGE (in years
last birthday)

77

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Anacker

14. MOTHER'S MAIDEN NAME

Elizabeth Lueckert

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

ADDRESS

Mrs. Helene H. Frese - 784 Grantley St.

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Coronary Occlusions

7 days

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from June 17, 1952, to June 24, 1952 that I last saw the deceased alive on June 23, 1952 and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/27/52

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

Thos. J. Tickenner Sons

VS 150

JUN 26 1952

Calto 17, Md.

MEDICAL CERTIFICATION

Name

Age

Sex

Date

Time

Address

City

State

County

District

Occupation

Education

Religion

Marital Status

Family Size

Health

Mental

Physical

Social

Economic

Character

Habit

Interest

Achievement

Contribution

Influence

Leadership

Service

Citizenship

Loyalty

Patriotism

Dedication

Commitment

Responsibility

Accountability

Integrity

Honesty

Trustworthiness

Reliability

Consistency

Courage

Bravery

Determination

Perseverance

Endurance

Strength

Power

Influence

Impact

Legacy

Wisdom

Knowledge

Understanding

Insight

Clarity

Compassion

Kindness

Generosity

Altruism

Empathy

Humility

Modesty

Simplicity

Grace

Poise

Elegance

Refinement

Sophistication

Cultivation

Polish

Dignity

Prestige

Respect

Honor

Glory

Fame

Reputation

Legacy

Influence

Impact

Power

Authority

Control

Dominance

Supremacy

Wealth

Riches

Prosperity

Abundance

Luxury

Comfort

Ease

Convenience

Efficiency

Effectiveness

Success

Achievement

Accomplishment

Realization

Fulfillment

Satisfaction

Contentment

Peace

Harmony

Balance

Well-being

Health

Happiness

Joy

Love

Affection

Tenderness

Caring

Support

Encouragement

Inspiration

Motivation

Drive

Ambition

Vision

Dreams

Ideals

Values

Principles

Standards

Ethics

Morals

Character

Integrity

Honesty

Trust

Faith

Confidence

Belief

Optimism

Hope

Faith

Confidence

Belief

Optimism

Love

Compassion

Kindness

Generosity

Altruism

Service

Leadership

Influence

Impact

Legacy

52 5893

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5893
Registered No.

1. NAME OF DECEASED (Type or Print)		AGNES SILWINSKI		2. DATE OF DEATH June 25, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		A. STATE Maryland		B. COUNTY	
C. Length of stay in Baltimore 48		C. CITY OR TOWN Baltimore		26-44	
5. SEX female		6. COLOR OR RACE white		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Standard Radiator		10B. KIND OF BUSINESS OR INDUSTRY Nurses		8. DATE OF BIRTH Jan 30 / 1900	
13. FATHER'S NAME Albert Sapka		14. MOTHER'S MAIDEN NAME Milek		9. AGE (In years last birthday) 52	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 812-30-8927		17. INFORMANT Anna Fitch	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		11. BIRTHPLACE (State or foreign country) Poland		10. STREET ADDRESS (If rural, give location) 3419 Esther Place	

18. 630.2 and E954.7 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pentothal and curare anesthesia DUE TO		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Myasthenia gravis		(B) DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) DUE TO			

19A. DATE OF OPERATION June 25, 1952		19B. MAJOR FINDINGS OF OPERATION Vaginal repair		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIB. <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) hospital		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) St. Joseph's Hospital	
21D. TIME (Month) (Day) (Year) (Hour) June 25, 1952 7:45 A. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Therapeutic misadventure - anesthesia	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley S. Dumlacher M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED June 26, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) June 28, 1952		24B. DATE June 28, 1952		24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus	
24D. LOCATION (City, town, or county) Dundalk Ave		24E. NAME OF CEMETERY OR CREMATORY Dundalk Ave		24F. LOCATION (City, town, or county) Dundalk Ave	
24G. DATE RECEIVED BY LOCAL REGISTRAR JUN 26 1952		24H. REGISTRAR'S SIGNATURE Huntington Williams, Jr.		24I. FUNERAL DIRECTOR Shephers J. Fralowski	
24J. ADDRESS 1000 S. Denwood Ave		24K. ADDRESS 1000 S. Denwood Ave		24L. ADDRESS 1000 S. Denwood Ave	

MEDICAL CERTIFICATION

1907

DEPARTMENT OF STATE

1907

DEPARTMENT OF STATE

[Faint, mostly illegible text covering the main body of the document, likely a form or report.]

52 5894

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5894

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alfred B. Seward.

2. DATE
OF
DEATH

6-24-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

S. B. S. A.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MD.

B. COUNTY

25-04

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3916 Brooklyn Ave.

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

4-30-1914

9. AGE (In years
last birthday)

41

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

STEEL

10B. KIND OF BUSINESS OR
INDUSTRY

Union Wallpaper

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Alfred.

14. MOTHER'S MAIDEN NAME

Lulabelle Benton

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

Family - Same

18. 445X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) ...
DUE TO

Coronary thrombosis

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ...
DUE TO
(C) ...

Malignant hypertension

2 years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 20, 1952, to June 24, 1952, that I last saw the
deceased alive on June 23, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

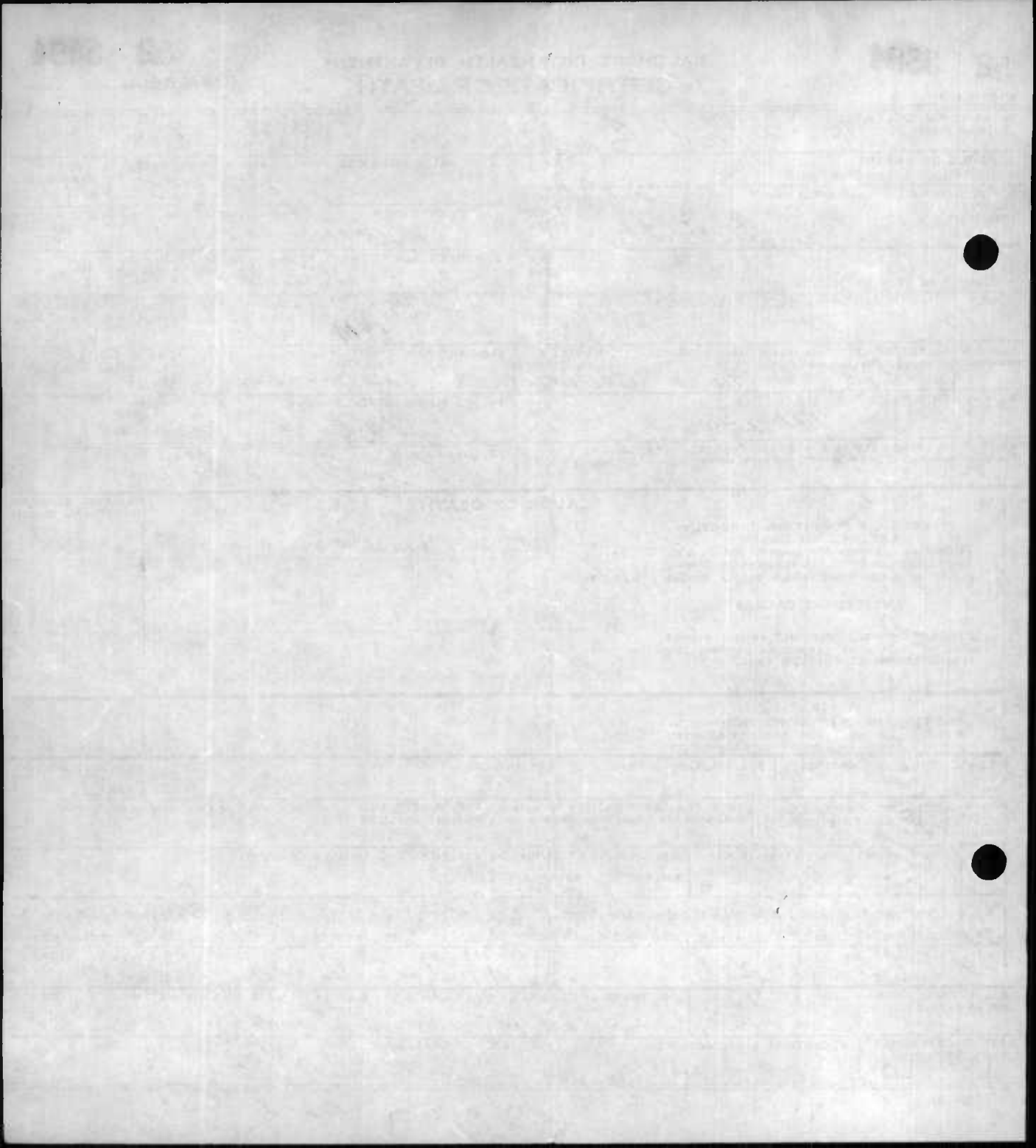
ADDRESS

JUN 27 1952

Huntington Williams, MD

20. L. L. L. L.

39042 S 830 E. Front Ave.



52 5895

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 5895

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANCIS M. HOPKINS

2. DATE
OF
DEATH

6-24-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE

M.D.

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE - 12 5300

D. STREET ADDRESS (If rural, give location)

17 REGESTER AVE.

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

2-14-18

9. AGE (In years
last birthday)

34

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

BANK CLERK

10B. KIND OF BUSINESS OR
INDUSTRY

BANK

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

JOHN HENRY HOPKINS III

14. MOTHER'S MAIDEN NAME

KATHERINE BAILEY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

YES WORLDWART

16. SOCIAL
SECURITY NO.

UNKNOWN

17. INFORMANT

WIFE

ADDRESS

17 REGESTER AVE BALT

18. 155X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Hepatoma, primary

INTERVAL BETWEEN
ONSET AND DEATH

5 wks.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-13, 1952, to 6-24, 1952, that I last saw the
deceased alive on 6-24, 1952, and that death occurred at 11:10 P.m., from the causes and on the date stated above.

23A. SIGNATURE

William A. Anderson

23B. ADDRESS

M. D. Union Memorial Hosp.

23C. DATE SIGNED

6-25-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6-27-52

24C. NAME OF CEMETERY OR CREMATORY

CHRIST CHURCH

24D. LOCATION (City, town, or county)

OWENSVILLE WEST RIVER MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Frederick & Son
Baltimore & 22 N. E. St.

THE HOUSE OF REPRESENTATIVES
OFFICE OF THE CLERK
WASHINGTON, D. C. 20540



500

52 5896
BIRTH NO. *Non Res.*

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5896
Registered No. _____

1. NAME OF DECEASED (Type or Print) <i>Richard Allen Ham</i>			2. DATE OF DEATH <i>6-25-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Harford</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Rural Aberdeen</i>		
c. Length of stay in Baltimore <i>36 Days</i>			O. STREET ADDRESS (If rural, give location) <i>Rt. 2 Aberdeen Maryland</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>5-12-52</i>	9. AGE (in years last birthday) <i>1</i>	10. Under 1 Year Months: <i>1</i> Days: <i>13</i> 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10B. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
13. FATHER'S NAME <i>Blaine Ham</i>			12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>			16. SOCIAL SECURITY NO. —		
14. MOTHER'S MARDEN NAME <i>Ester Blacklaw</i>			17. INFORMANT <i>Father</i>		

18. <i>760.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Hydrocephalus Congenita</i> DUE TO (B) <i>Subdural Hematoma at temporal difficult delivery</i> DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH <i>36 days</i> <i>36 days</i>
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19A. DATE OF OPERATION <i>✓</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *May 20, 1952*, to *June 25, 1952*; that I last saw the deceased alive on *June 25, 1952*, and that death occurred at *10:30 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>R. K. Shipton</i>	23B. ADDRESS <i>University Hosp.</i>	23C. DATE SIGNED <i>6-26-52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>	24B. DATE <i>June 25, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>HAM Cemetery</i>
24D. LOCATION (City, town, or county) (State) <i>Ashe County, N.C.</i>	25. FUNERAL DIRECTOR <i>William J. Ticknor & Sons</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>27 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>

VS 150 *109520005893 North Pa. Aves.*

MEDICAL CERTIFICATION

1000

88

CERTIFICATE OF DEATH

1000



534

52 5897

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5897
Registered No.

1. NAME OF DECEASED (Type or Print) DORA HENDELBERG			2. DATE OF DEATH June 26, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 4613 PARKHEIGHTS AVE			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-19		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 5818 Narcissus Ave		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 1880	9. AGE (In years last birthday) 72	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME David Cody			14. MOTHER'S MAIDEN NAME Rebecca ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Philip V Hendelberg 5818 Narcissus Ave		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) CEREBRAL HEMORRHAGE DUE TO (B) GENERAL HYPERTENSIVE DUE TO CARDIO VASCULAR DISEASE. a - 1st attack (C) 2nd attack.	INTERVAL BETWEEN ONSET AND DEATH a - 3 yrs b - 1 day
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19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Oct 15, 1951**, to **June 26, 1952**, that I last saw the deceased alive on **6/25, 1952**, and that death occurred at **4 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE Norman R. Fleiman M.D.	23B. ADDRESS 3803 Edmund St Ave	23C. DATE SIGNED 6/26/52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE June 27, 1952	24C. NAME OF CEMETERY OR CREMATORY Sharrei Zion Cemetery Rosedale	24D. LOCATION (City, town, or county) (State) Baltimore Md
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DATE RECEIVED BY LOCAL REGISTRAR JUN 27 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Sal. L. Williams	ADDRESS 1126 W North Ave
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360
52 5898BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5898
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Reba Frances Witt</i>			2. DATE OF DEATH <i>6/25/52</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland <i>Balto</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>Harford Court Home</i>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto 16-08</i>		
c. Length of stay in Baltimore <i>42 yrs</i>			d. STREET ADDRESS (If rural, give location) <i>789 Trantley St.</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>w</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>6/26/1909</i>	9. AGE (In years last birthday) <i>42</i>	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housework</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>domestic</i>		
11. BIRTHPLACE (State or foreign country) <i>Md.</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		
13. FATHER'S NAME <i>Milton E Witt Sr.</i>			14. MOTHER'S MAIDEN NAME <i>Ada V Brashears.</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>			16. SOCIAL SECURITY NO. <i>Milton Witt Jr</i>		
17. INFORMANT <i>Milton Witt Jr</i>			ADDRESS		

18. <i>159x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma - H.I. Trach</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH <i>1 yr</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(A) DUE TO (B) DUE TO (C)	

19a. DATE OF OPERATION <i>0</i>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>June 19, 1952</i> , to <i>June 25, 1952</i> , that I last saw the deceased alive on <i>June 22, 1952</i> , and that death occurred at <i>8 A.M.</i> , from the causes and on the date stated above.		
23a. SIGNATURE <i>Joseph S. Blum M.D.</i>	23b. ADDRESS <i>1115 N. Calver St</i>	23c. DATE SIGNED <i>6/26/52</i>

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>6/28/52</i>	24b. DATE <i>6/28/52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Lorraine Park</i>	24d. LOCATION (City, town, or county) (State) <i>Balto Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 27 1952</i> VS 150	REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr</i> <i>7208A</i>	25. FUNERAL DIRECTOR <i>MacGrubb & Son</i> <i>Catonville</i>	ADDRESS

52 5899

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5899

BIRTH NO.

1. NAME OF DECEASED (Type or Print) EMMA SCHWIER		2. DATE OF DEATH June 25, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Morgue		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 28-04	
c. Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 105 S. Beechfield Avenue	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 2/28/1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic Housework		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 76 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. FATHER'S NAME Bosley		11. BIRTHPLACE (State or foreign country) Md	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? us	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME	
17. INFORMANT William C Schvier		ADDRESS	

18. **422.1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) **Arteriosclerotic cardiovascular disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) INJURY

21e. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

M.D.

23b. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☒

23c. DATE SIGNED

June 25, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR
JUN 27 1952

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

0000

50

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

100-100000

100-100000

100-100000

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100-100000

100-100000

100-100000

260
52 5900BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5900

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JESSE

BAKER

2. DATE
OF
DEATH

June 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1502 W. Lafayette Avenue

c. Length of stay in Baltimore

30 yrs.

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Feb. 22, 1902

9. AGE (In years last birthday)

50 yrs.

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Richmond, Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Benjamin Drew

14. MOTHER'S MAIDEN NAME

Evra Henry

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Dorris Little

18. 416X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐

23C. DATE SIGNED

ASSISTANT MEDICAL EXAMINER.....☒

June 26, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 30, 52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem.

24D. LOCATION (City, town, or county)

Balto.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 27 1952

Huntington Williams, M.D.

James A. Hayes, 638 N. Gilmor St.

52 5901

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5901

1. NAME OF DECEASED (Type or Print) HELEN M BARNES			2. DATE OF DEATH June 26, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Carroll		
B. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Westminster		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 5641		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 1 1921	9. AGE (In years last birthday) 32	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			11. BIRTHPLACE (State or foreign country) Carroll Co		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME Frank F. Magin			14. MOTHER'S MAIDEN NAME Virginia Sloltz		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Ira E Barnes			ADDRESS Westminster RFD 6		

18. 645.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Ruptured ectopic pregnancy XXXX	CAUSE OF DEATH (A) Ruptured ectopic pregnancy	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Peritoneal hemorrhage	(B) Peritoneal hemorrhage	
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE William H. Lovett	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED June 27, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE June 29-52	24C. NAME OF CEMETERY OR CREMATORY Deer Park	24D. LOCATION (City, town, or county) (State) Smallwood Carroll Co.
DATE RECEIVED BY LOCAL REGISTRAR JUN 27 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR J. B. Byers	ADDRESS Westminster Md

MEDICAL CERTIFICATION

1000 32

1000 32



52 5902

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5902

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BENJAMIN F. FIELDS

2. DATE
OF
DEATH

June 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Sinai Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1022 Hewitt Way

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Sept. 12, 1882

9. AGE (in years last birthday)

69

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret. Painter

10B. KIND OF BUSINESS OR INDUSTRY

house

11. BIRTHPLACE (State or foreign country)

Philadelphia, Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Benjamin F. Fields

14. MOTHER'S MAIDEN NAME

Sallie Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Aldina M. Bell, 1022 Hewitt Way

18. 163X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of the Lung

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

M.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Duncanson

M.D.

23B. CHIEF MEDICAL EXAMINER..... ☐ASSISTANT MEDICAL EXAMINER..... ☒MEDICAL INVESTIGATOR..... ☐

23C. DATE SIGNED

June 26, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

6/28/52

24C. NAME OF CEMETERY OR CREMATORY

Moreland Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

JUN 27 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. A. Cook, Inc.

ADDRESS

1217 St. Paul Street

VS 151

76424

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MEDICAL CERTIFICATION

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UNITED STATES OF AMERICA

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140	52 5903	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	52 5903	Registered No.
BIRTH NO.				
1. NAME OF DECEASED (Type or Print) Hazel Marie DeBell			2. DATE OF DEATH 6-26-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Union Memorial			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-13	
C. Length of stay in Baltimore 7 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 4512 Penitence Rd	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) sep.	8. DATE OF BIRTH 2-29-1880	9. AGE (In years last birthday) 72 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) California
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME John Henry Jay	
14. MOTHER'S MAIDEN NAME Louisa Frances White			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Mrs. Joyce Hughes (above)	
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH	
ANTECEDENT CAUSES			INTERVAL BETWEEN ONSET AND DEATH	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(A) Hypertensive and arteriosclerotic ? years DUE TO Cardiovascular disease	
(B)			(B)	
(C)			(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 6-26-52, 19, to 6-26-52, 19, that I last saw the deceased alive on 6-26-52, 19, and that death occurred at 1:15 p. m., from the causes and on the date stated above.				
23A. SIGNATURE Alfred S. Nelson		23B. ADDRESS Union Memorial Hosp. Baltimore, Md. June 26, 1952		
24A. DATE OF CREMATION 6/28/52		24B. NAME OF CEMETERY OR CREMATORY Green Mount		24C. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR JUN 27 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Wm. Cook Inc. 1217 St. Paul St.
VS 150				

52 5904

REA-129848

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5904

Registered No. _____

1. NAME OF DECEASED (Type or Print) Ida Ziegler		2. DATE OF DEATH June 25, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY _____	
b. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-12	
c. Length of stay in Baltimore 79 yrs. Yrs. _____ Mos. _____ Days _____		d. STREET ADDRESS (If rural, give location) B. C. H. 4940 Eastern Avenue	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 30, 1869
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	9. AGE (In years last birthday) 83 If Under 1 Year: Months: Days: Hours: Min.
13. FATHER'S NAME ? Mehlhorn		11. BIRTHPLACE (State or foreign country) Germany	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Amelia McHehour (Mehlhorne)	
17. INFORMANT Records: B. C. H. 4940 Eastern Avenue		ADDRESS	

18. 420.0 and 156.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH Congestive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH over two weeks	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO		(B) DUE TO	
		(B) DUE TO		(C) DUE TO	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Metastatic carcinoma of the liver probable ?	
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19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-22 ¹⁹ ₅₂ to 6-25 ¹⁹ ₅₂ , that I last saw the deceased alive on 6-25 ¹⁹ ₅₂ and that death occurred at 8:10P ¹⁹ ₅₂ m., from the causes and on the date stated above.					
23a. SIGNATURE [Signature]		23b. ADDRESS 4940 Eastern Avenue		23c. DATE SIGNED 6-25-52	

24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 6/28/52		24c. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery	
24d. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR Huntington Williams, M.D.		ADDRESS 1217 St. Paul St.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 27 1952		25. FUNERAL DIRECTOR Wm. G. G. Int.			

MEDICAL CERTIFICATION

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52 5905

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5905

1. NAME OF DECEASED (Type or Print)		Catherine Scherrer		2. DATE OF DEATH		June 25, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 24th and Charles Streets				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 24-03			
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 1204 Durst Street			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH June 8, 1865		9. AGE (in years last birthday) 87	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME William Wagner				14. MOTHER'S MAIDEN NAME Fredricka Wagner Hatter			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Margaret Bennett, Millersville, Md.		ADDRESS	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO		generalized arteriosclerosis arteriosclerotic cardio-vascular disease		sev yrs,	
ANTECEDENT CAUSES		(B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June 1951 to June 25, 1952, that I last saw the deceased alive on June 24, 1952, and that death occurred at 9:55 a.m., from the causes and on the date stated above.

23A. SIGNATURE <i>E. A. [Signature]</i>		23B. ADDRESS 2431 MARYLAND AVENUE		23C. DATE SIGNED 6-26-52	
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24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 6/27/52		24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
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DATE RECEIVED BY LOCAL REGISTRAR JUN 27 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Wm. Cook, Inc.</i>		ADDRESS 1217 St. Paul Street	
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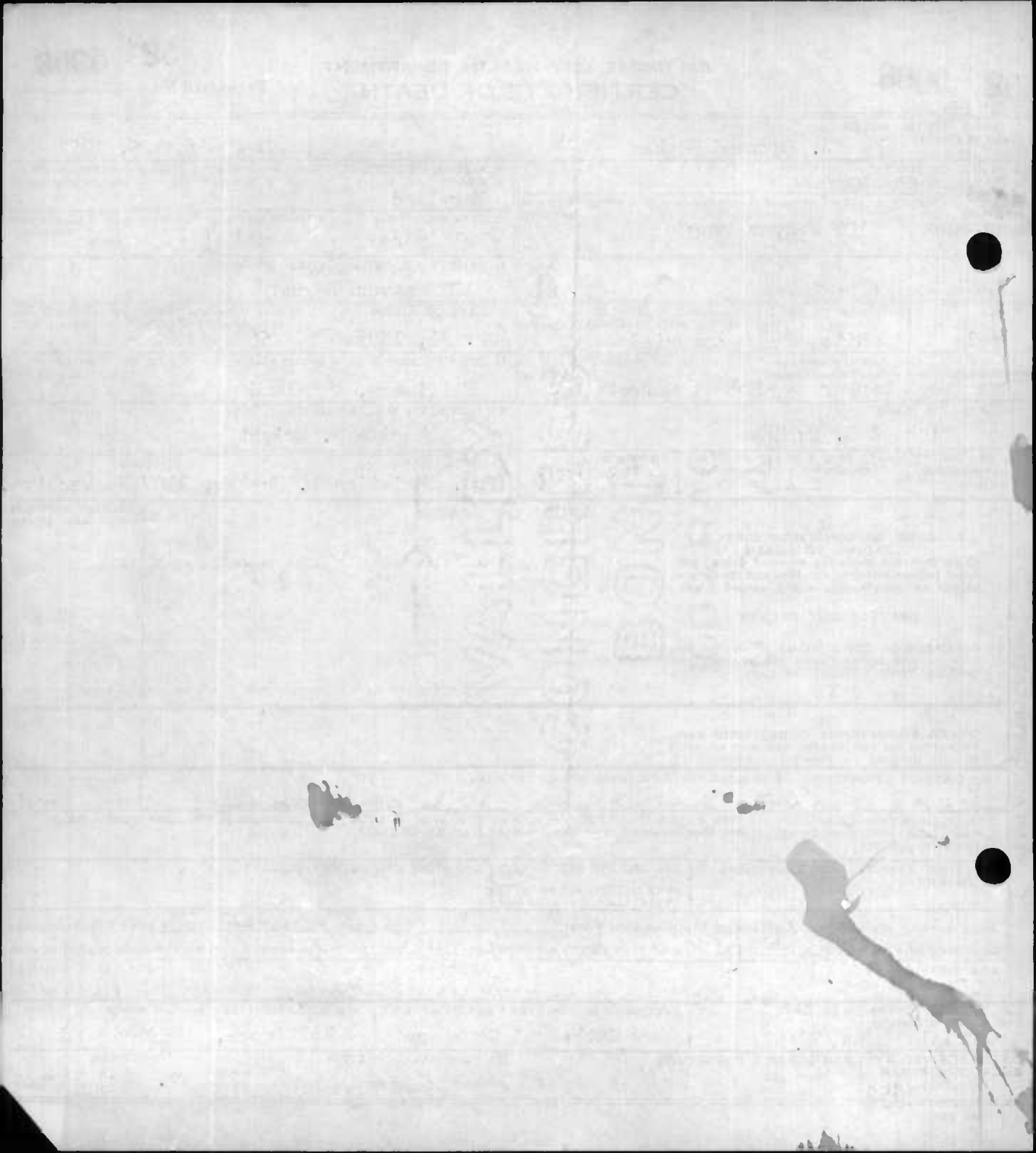
52 5906

52 5906

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
J. Raymond Hughes		June 25, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3107 Weaver Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 3107 Weaver Avenue	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 31, 1895
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Investment Banker		10B. KIND OF BUSINESS OR INDUSTRY Robert Garrett & Son	
13. FATHER'S NAME Michael C. Hughes		14. MOTHER'S MAIDEN NAME Catherine M. Wright	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 216-05-2246	
17. INFORMANT		ADDRESS Mrs. Christina L. Hughes, 3107 Weaver Ave.	
18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH Carcinoma of Larynx INTERVAL BETWEEN ONSET AND DEATH	
19. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 1951, to June 25, 1952, that I last saw the deceased alive on June 25, 1952, and that death occurred at 10:10 P. M., from the causes and on the date stated above.			
23A. SIGNATURE J. L. Williams, M.D.		23B. ADDRESS 4218 W. 1st St. Baltimore, Md.	
23C. DATE SIGNED 6/26/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 6/28/52	
24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR JUN 27 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR 1217 St. Paul Street		ADDRESS	



52 5907

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5907

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Araminta Willis Green		2. DATE OF DEATH June 25, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1606 Madison Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 14-02	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1606 Madison Ave.	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Set. 28, 1900
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 51 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME John Willis		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? U. S. A	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Lucy Murray	
17. INFORMANT John R. Green		ADDRESS 1606 Madison Ave.	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage	CAUSE OF DEATH Cerebral Hemorrhage	INTERVAL BETWEEN ONSET AND DEATH 18 7/8 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive Cardiac Disease	(B) Hypertensive Cardiac Disease	?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C)	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-1- , 19 52 to 6-25- , 19 52 , that I last saw the deceased alive on 6-25- , 19 52 , and that death occurred at 1:05 P m., from the causes and on the date stated above.					
23A. SIGNATURE C. F. Maloney		23B. ADDRESS 57 Winterset Lane		23C. DATE SIGNED 6/26/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-28-52		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem	
24D. LOCATION (City, town, or county) Baltimore, Md.		25. FUNERAL DIRECTOR Huntington Williams, M.D.		ADDRESS 578 W. Biddle St	
DATE RECEIVED BY LOCAL REGISTRAR JUN 27 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

1007

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GEORGE E. B. JONES

1007

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52 5908

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5908

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sallie Hooper

2. DATE
OF
DEATH

6-25-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1901 Barclay Street

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Baltimore

12-04

D. STREET ADDRESS (If rural, give location)

1901 Barclay Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

C

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months; DaysIf Under 24 Hours
Hours; Min.

42

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Jackson

14. MOTHER'S MAIDEN NAME

Bessie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Sallie Shelton, 1901 Barclay St.

18. 465X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Pulmonary Embolism

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 6-13-1952, to 6-24-1952, that I last saw the
deceased alive on 6-24-1952, and that death occurred at 1:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

703 W. Lafayette Ave 6-26-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

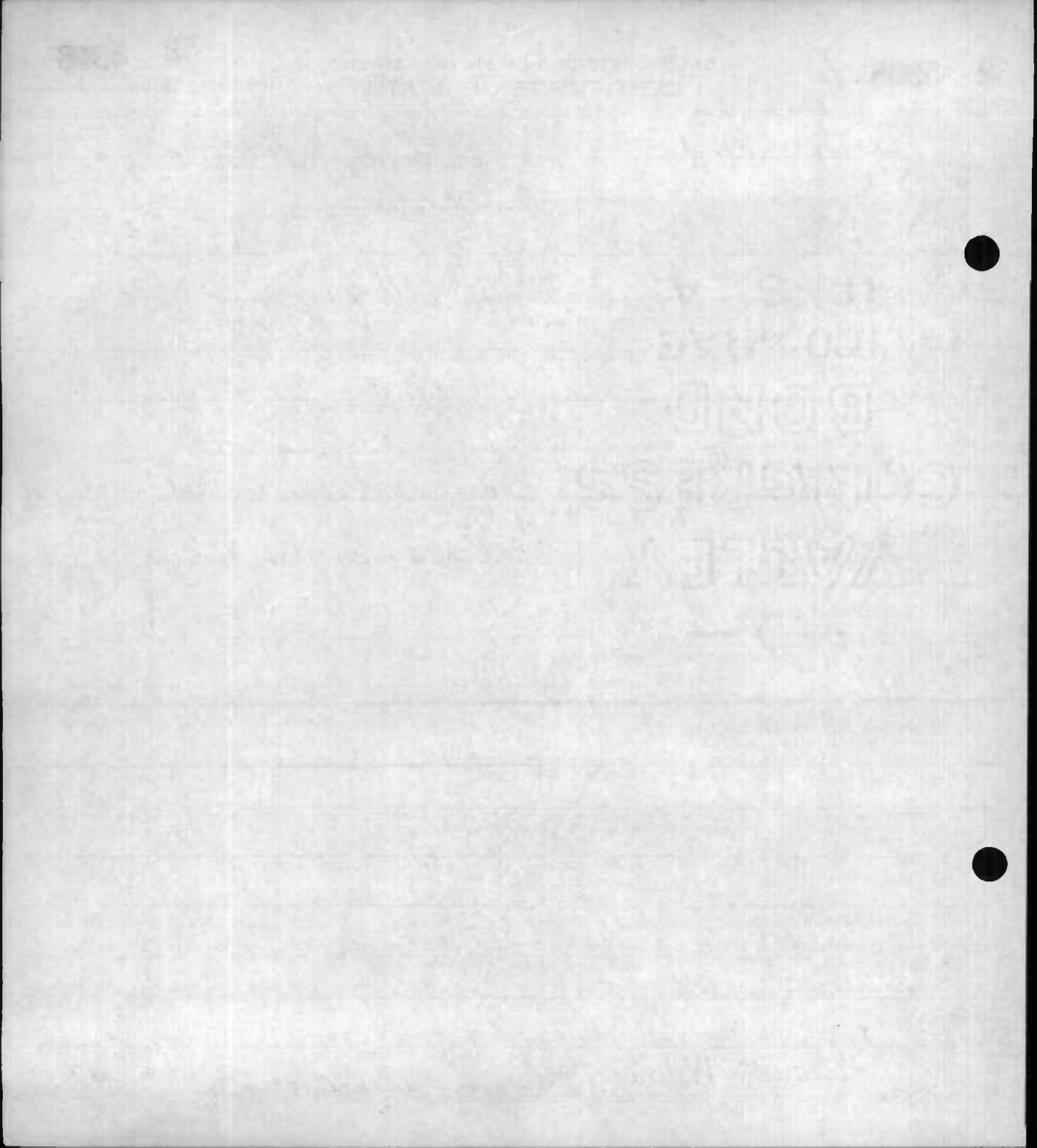
ADDRESS

JUN 27 1952

Huntington Williams, M.D.

W.E. Danks, H. Hensley

578 W. Biddle St.



RZK 159854
52 3909BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5909

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Leona Bronukoski (Bronakoski)			2. DATE OF DEATH 6-26-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 2-02		
c. Length of stay in Baltimore 52 yrs.			D. STREET ADDRESS (If rural, give location) 429 S. Durham St.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 16, 1883	9. AGE (In years last birthday) 68	11. BIRTHPLACE (State or foreign country) Poland
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Paul Lonka			14. MOTHER'S MAIDEN NAME Mary Godel		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. **002X and E903.0**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Pulmonary Tuberculosis**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Fracture Rt. Hip

CERTIFICATION APPROVED BY

William V. Godel
PHYSICIAN OR ASST. MEDICAL EXAMINER.

INTERVAL BETWEEN ONSET AND DEATH

?

19A. DATE OF OPERATION 6-6-52		19B. MAJOR FINDINGS OF OPERATION Fracture Right Hip		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 429 S. Durham St.	
21D. TIME (Month) (Day) (Year) (Hour) INJURY 6/6/52 4:40 p.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? fell to floor	
22. I hereby certify that I attended the deceased from 6-6 , 19 52 , to 6-26 , 19 52 that I last saw the deceased alive on 6-26 , 19 52 , and that death occurred at 2:20 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE W. V. Godel		23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 6-26-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-30-52		24C. NAME OF CEMETERY OR CREMATORY Sacred Heart Mary Baltimore - Md	
24D. LOCATION (City, town, or county) (State) Baltimore - Md		24E. NAME OF REGISTRAR Huntington Williams, M.D.		24F. FUNERAL DIRECTOR L. J. Godel	
DATE RECEIVED BY LOCAL REGISTRAR JUN 27 1952		24G. ADDRESS 403 S. St. John St			

VS 150

To Be Approved By Medical Examiner

N820.0

52 5910

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5910
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Martin A. Gungelmon

2. DATE
OF
DEATH

6-26-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto

B. FULL NAME OF

HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

3211 Everett Ave

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Butcher

10B. KIND OF BUSINESS OR
INDUSTRY

Self-

13. FATHER'S NAME

George

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

John M. Gungelmon

INTERVAL BETWEEN
ONSET AND DEATH

18. 442X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(A) Myocardial Failure
DUE TO Hypertension - Cardio-vascular
Bursal disease
(B) enteric - salmonella
DUE TO
(C)

June 11/52

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

May 14/52

19B. MAJOR FINDINGS OF OPERATION

Hemorrhoidectomy

(local anesthetic)

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 5, 1950, to June 26, 1952, that I last saw the
deceased alive on June 25, 1952, and that death occurred at 1:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Louis B. Krumreid M. D.

23B. ADDRESS

722 No. Kenwood Ave

23C. DATE SIGNED

June 27/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6-30-52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Balto - Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams M. D. Lilly & Zetterman

25. FUNERAL DIRECTOR

ADDRESS

Dr. Bumsen

No 5966

722 N. Kenwood Ave.

545

52 5911

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5911
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Fannie May Remlein		6-26-52	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. FULL NAME OF HOSPITAL OR INSTITUTION		a. STATE b. COUNTY	
Church Home		Md Baltimore	
c. Length of stay in Baltimore		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
Life		Baltimore - Md. 5353	
5. SEX		d. STREET ADDRESS (If rural, give location)	
F		3402 Cornwall Rd - Balto - 22 -	
6. COLOR OR RACE		8. DATE OF BIRTH	
W		5-1-95	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		9. AGE (In years last birthday)	
Married		57	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)	
Housewife		Baltimore - Md	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
		U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Wm A. Mauer		Cecelia Waitzel	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
18. 170X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
ANTECEDENT CAUSES		(A) Generalized Carcinoma	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		Ca. of Liver	
		(B) Carcinoma of Breast 16 yrs.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
0			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-8, 1952, to 6-26, 1952, that I last saw the deceased alive on 6-24, 1952, and that death occurred at P. M., from the causes and on the date stated above.			
23A. SIGNATURE		23B. ADDRESS	
Samuel J. Hanlin		3477 Liberty Pkwy	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
Burial		6-30-52	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Parkwood		Balto - 14 - Md	
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR	
JUN 27 1952		Huntington Walligues, M.D. Lilly & John - 403 S. Mt. St.	

MEDICAL CERTIFICATION

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120
52 5912
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5912

1. NAME OF DECEASED (Type or Print) KATHERINE SABOJ			2. DATE OF DEATH 6-25-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 2-03		
B. FULL NAME OF HOSPITAL OR INSTITUTION 513 S. Washington St			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto - Md.		
Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 513 S. Washington St		
5. SEX F.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 3-2-64	9. AGE (In years last birthday) 88	10. Hours: Days: Months: Years: 88
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			11. BIRTHPLACE (State or foreign country) Baltimore - Md.		
13. FATHER'S NAME ? oldzik			12. CITIZEN OF WHAT COUNTRY U.S.A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			14. MOTHER'S MAIDEN NAME ? ?		
16. SOCIAL SECURITY NO. 420.0			17. INFORMANT Frank Saboj ADDRESS 513 S. Washington St		

18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) Arteriosclerotic			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Heart Disease			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)			

19A. DATE OF OPERATION 6-25-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			

22. I certify that I took charge of the remains described above, held an **Inquiry + Inspection** and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE Francis J. Jannasch		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>		23C. DATE SIGNED 6-25-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6-25-52	24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus	24D. LOCATION (City, town, or county) (State) Balto. Md.		
DATE RECEIVED BY LOCAL REGISTRAR JUN 27 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Schiff + Zeln		ADDRESS 463 S. Wolfe St	

52 5913

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5913

BIRTH NO.

1. NAME OF DECEASED (Type or Print) BENJAMIN STOKES		2. DATE OF DEATH June 26, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 39 yrs.		D. STREET ADDRESS (If rural, give location) 1039 McDonough Street	
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 14, 1889
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Storekeeper Local 858		9. AGE (In years last birthday) 63	11. BIRTHPLACE (State or foreign country) Crawe Va
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 215-01-6573	14. MOTHER'S MAIDEN NAME Larena
17. INFORMANT Lusie Stokes		ADDRESS 1039 McDonough St	

18. **422.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Arteriosclerotic cardiovascular disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Quisenberry

M.D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

June 26, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1943

1943

UNITED STATES DEPARTMENT OF AGRICULTURE

RESEARCH AND ADMINISTRATION

1943

620
52 5914BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5914

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Fred Harris</i>		2. DATE OF DEATH <i>June 26/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>8-07</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1841 E Biddle St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore <i>6 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>1841 E Biddle St</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Aug 18, 1915</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Cas Operator</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>36</i>
11. BIRTHPLACE (State or foreign country) <i>Lynchburg NC.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Thomas Harris</i>		14. MOTHER'S MAIDEN NAME <i>Nannie?</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT ADDRESS <i>Annie Harris 1841 E Biddle St</i>			

18. 442X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO <i>Cardio renal</i>				<i>?</i>	
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO <i>Hypertension malignant?</i>			
		(C) <i>Obesity</i>		<i>18 months</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>6/10</i> , 19 <i>52</i> , to <i>6/26</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>6/25</i> , 19 <i>52</i> , and that death occurred at <i>6 A</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>a. e. Burwell</i>		23B. ADDRESS <i>121 Gough St</i>		23C. DATE SIGNED <i>6/26/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>June 30/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary Cms.</i>	
24D. LOCATION (City, town, or county) <i>U A County</i>		24E. STATE <i>MD</i>		25. FUNERAL DIRECTOR ADDRESS <i>Wm. Lott & Co. Elliott & Daughters</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 27 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>			

1100 87

HEAD AND TAIL

1100 87

52 5915

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5915

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CONRAD M U H L

2. DATE
OF
DEATH

6-25-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1124 ANNAPOLIS RD

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 25-33

D. STREET ADDRESS (If rural, give location)

1124 ANNAPOLIS RD

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

Feb 9, 1871

9. AGE (In years
last birthday)

81

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)11. KIND OF BUSINESS OR
INDUSTRY

GEN'L CONTRACTOR RET - SELF

11. BIRTHPLACE (State or foreign country)

BALTO Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

CONRAD M U H L

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknown (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Margaret Muhl 1124 Annapolis Rd

18. 422.1

CAUSE OF DEATH

Atherosclerotic C.V.D.

INTERVAL BETWEEN
ONSET AND DEATH

5 Year

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Uremia -

DUE TO

(C)

2 Week

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1940, to June 25, 1952, that I last saw the deceased alive on June 25, 1952, and that death occurred at 11 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 27 1952

Huntington Williams, M.D.

J. H. C. R. M. Walters

100-100000

THE UNITED STATES OF AMERICA
DEPARTMENT OF JUSTICE

FILE NO. 100-100000

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE
WASHINGTON, D. C. 20535

TO : DIRECTOR, FBI (100-100000)
FROM : SAC, NEW YORK (100-100000)
SUBJECT: [Illegible]
RE: [Illegible]
[Illegible text follows in several paragraphs, mostly mirrored bleed-through from the reverse side of the page.]

352
52 5916
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5916
Registered No.

1. NAME OF DECEASED (Type or Print) JOSE ADAMSKI		2. DATE OF DEATH 6-25-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Maryland B. COUNTY 26-11	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION D.O.A Balto. City Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 722 S. Clinton Street	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr 3 1893
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY Housewife	9. AGE (In years last birthday) 59
11. BIRTHPLACE (State or foreign country) Balto.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. FATHER'S NAME Stanislaus Kujawa		14. MOTHER'S MAIDEN NAME Josephine Krzyminski	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 218-07-3131	
17. INFORMANT John Adamski		ADDRESS 722 S. Clinton St	

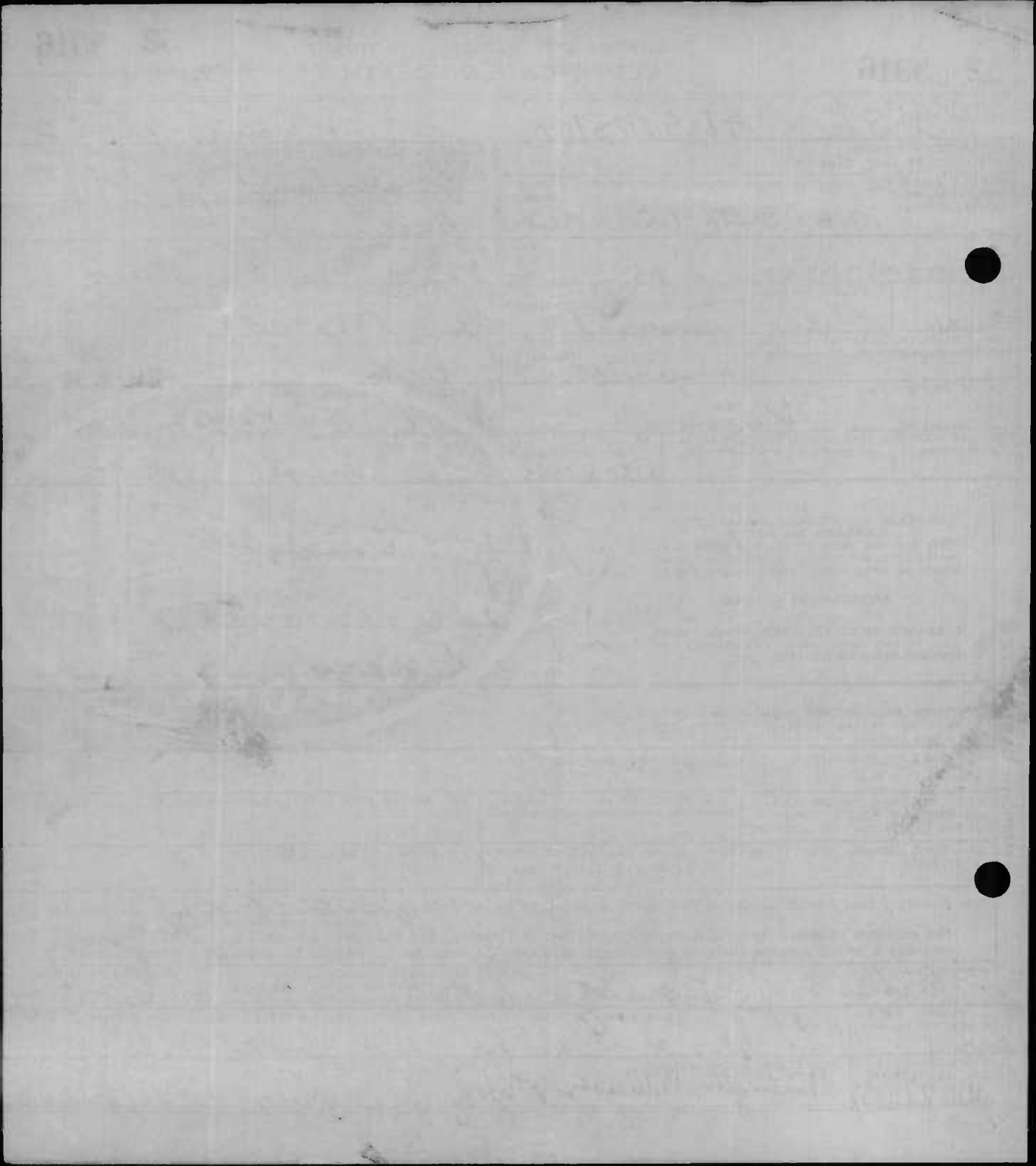
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive (A) CAUSE TO Cardiovascular (B) CAUSE TO Disease (C) CAUSE TO		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 6/25/52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held a **Inspection** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died **of** the **causes** above and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE **Francis A. Amos**
23B. CHIEF MEDICAL EXAMINER ☐ 23C. DATE SIGNED **6/25/52**
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE June 30/52	24C. NAME OF CEMETERY OR CREMATORY St Stanislaus Cem	24D. LOCATION (City, town, or county) Balto. City
DATE RECEIVED BY LOCAL REGISTRAR JUN 27 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR John J. Weber ADDRESS 401 S. Chesapeake	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5917**

620
DEATH NO. **52 5917**

1. NAME OF DECEASED (Type or Print) <i>Cornelia E. Harris</i>			2. DATE OF DEATH <i>6-25-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>20-01</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>1940 Lanetta Ave</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>		
c. Length of stay in Baltimore Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>			D. STREET ADDRESS (If rural, give location) <i>1940 Lanetta Ave</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	8. DATE OF BIRTH <i>Nov. 14-1885</i>	9. AGE (In years last birthday) <i>66</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>-</i>	11. BIRTHPLACE (State or foreign country) <i>Bay Side - Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>
13. FATHER'S NAME <i>Thomas Thomas</i>			14. MOTHER'S MAIDEN NAME <i>Bernanna Howe</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Godfrey Harris - 1318 W. Lexington</i>		

18. <i>592X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>uremia</i> DUE TO <i>Chronic Glomerulo-</i> (B) <i>nephritis</i> DUE TO <i>hypertension</i> (C)	INTERVAL BETWEEN ONSET AND DEATH <i>1 week.</i> ? ?
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION <i>0</i> 19B. MAJOR FINDINGS OF OPERATION	

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *Dec. 19 57*, to *June 25, 1957*, that I last saw the deceased alive on *6-25, 1957*, and that death occurred at *11:30 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Elmer P. Bussenden</i>		23B. ADDRESS <i>2309 Druid Hill Ave</i>		23C. DATE SIGNED <i>6-25-52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <i>Western Star</i>	24D. LOCATION (City, town, or county) (State) <i>Catonville - Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>5-2-57</i>		25. FUNERAL DIRECTOR ADDRESS <i>Huntington Williams, Inc. Samuel W. Sullivan, Jr. 7204 5 9011 44. Lexington Ave</i>		

2-55
52 5918BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5918
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) ESTHER E. McNAMEE		2. DATE OF DEATH June 24, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 12-03		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2619 N. Calvert St.		D. STREET ADDRESS (If rural, give location) 2619 N. Calvert St.		5. SEX female	
c. Length of stay in Baltimore		6. COLOR OR RACE white		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home		8. DATE OF BIRTH May 22, 1890	
13. FATHER'S NAME William Alexander		14. MOTHER'S MAIDEN NAME ? Cummings		9. AGE (In years last birthday) 62	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. none		11. BIRTHPLACE (State or foreign country) Pennsylvania	
17. INFORMANT Mr. Francis J. McNamee		ADDRESS 2619 N. Calvert St.		12. CITIZEN OF WHAT COUNTRY? St.	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) coronary thrombosis		CAUSE OF DEATH (A) coronary thrombosis DUE TO (B) coronary atherosclerosis DUE TO (C) none		INTERVAL BETWEEN ONSET AND DEATH 4 weeks	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input type="checkbox"/>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <input type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) INJURY <input type="checkbox"/>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from NW. 22, 1952 , to June 24, 1952 , that I last saw the deceased alive on June 20, 1952 and that death occurred at 4 p. m. , from the causes and on the date stated above.					
23A. SIGNATURE Robert D. Gandy		23B. ADDRESS 301 E. 33rd St.		23C. DATE SIGNED 6/27/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/27/52		24C. NAME OF CEMETERY OR CREMATORY Baltimore Cem.	
24D. LOCATION (City, town, or county) (State) Balto., Md.		25. FUNERAL DIRECTOR Thos. J. Dickner & Sons		ADDRESS Balto 17, Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 27 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Thos. J. Dickner & Sons	

1918

15

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 10-10-2001 BY SP-6 BJS/STP

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1918

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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 10-10-2001 BY SP-6 BJS/STP

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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 10-10-2001 BY SP-6 BJS/STP

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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 10-10-2001 BY SP-6 BJS/STP

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DATE 10-10-2001 BY SP-6 BJS/STP

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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 10-10-2001 BY SP-6 BJS/STP

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350
52 5919

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5919
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		OLIVIA MAY BETTON		June 25, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.			
B. FULL NAME OF HOSPITAL OR INSTITUTION Windsor Court Apts. 2111 Garrison Blvd.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 2111 Garrison Blvd.			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH March 5, 1882	9. AGE (In years last birthday) 70	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10B. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME John Oliver Perin		14. MOTHER'S MAIDEN NAME Emma Frances Burkins	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 705-05-4953		17. INFORMANT Miss Helen Betton - 2111 Garrison Blvd.	
18. 175x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bilateral ovarian tumors Pseudo mucilaginous cysts Adeno carcinoma		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 18 mos	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Metastases throughout abdominal cavity involving all contents.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 30 March 1951		19B. MAJOR FINDINGS OF OPERATION Adeno carcinoma of ovarian tumors .adhesions		20. AUTOPSY? NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 24 June 1952 to 25 June 1952, that I last saw the deceased alive on 24 June 1952, and that death occurred at 11:55 A.M. from the causes and on the date stated above.					
23A. SIGNATURE H. W. K. Nichols		23B. ADDRESS 4711 Roland Ave		23C. DATE SIGNED 26 June	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/28/52		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
24D. LOCATION (City, town, or county) (State) Balto., Md.		DATE RECEIVED BY JUN 27 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
VS 150		39050		25. FUNERAL DIRECTOR J. J. Schenker & Sons Balto 17, Md.	

MEDICAL CERTIFICATION

STATE OF NEW YORK
CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX AND COLOR

EDUCATION

OCCUPATION

DATE OF BIRTH

PLACE OF BIRTH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX AND COLOR

EDUCATION

OCCUPATION

DATE OF BIRTH

PLACE OF BIRTH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX AND COLOR

EDUCATION

OCCUPATION

DATE OF BIRTH

PLACE OF BIRTH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX AND COLOR

EDUCATION

OCCUPATION

540
5920BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5920
Registered No.

BIRTH NO. 52-10387

1. NAME OF DECEASED
(Type or Print)

LEON MANLEY

2. DATE
OF
DEATH

June 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

May 7, 1952

9. AGE (In years
last birthday)If Under 1 Year
Months Days

7 wks.

If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

child

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Leon Manley

14. MOTHER'S MAIDEN NAME

Selena Ashe

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Selena Ashe-802 S. Fremont Avenue

18. 525 X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Interstitial pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Durelache M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

June 26, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6/28/52

24C. NAME OF CEMETERY OR CREMATORY

Mt Zion

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Charles A. Rice 661 W.

ADDRESS

Barre St

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5921**

120
2 5921
BIRTH NO.

1. NAME OF DECEASED (Type or Print) FRANK KOBUS		2. DATE OF DEATH June 26, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 812 S. Curley Street		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 812 S. Curley Street		E. LENGTH OF STAY IN BALTIMORE 37 yrs.	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 29, 1896
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Longshorman		10B. KIND OF BUSINESS OR INDUSTRY Water Front	9. AGE (In years last birthday) 57
13. FATHER'S NAME Stanislaw Kobus		14. MOTHER'S MAIDEN NAME Anna Miodusewski	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 216-07-2563	
17. INFORMANT Veronica Kobus		ADDRESS 812 S. Curley St	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive and arteriosclerotic cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE *Conley K. Duncker* M.D. 23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR 23C. DATE SIGNED **June 26, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE June 30, 1952	24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus	24D. LOCATION (City, town, or county) (State) Balto. City Md.
DATE RECEIVED BY LOCAL REGISTRAR JUN 27 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR Wm. J. Fialkowski
		ADDRESS 2007 Eastern Ave	

MEDICAL CERTIFICATION

1901 \$2

RECEIVED

1901

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5922**

160
5922

1. NAME OF DECEASED (Type or Print) JOHANNA WEAVER		2. DATE OF DEATH June 26, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1000 W. Pratt Street		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore 18-03	
c. Length of stay in Baltimore Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1000 W. Pratt Street	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1/20/1898
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10B. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (in years last birthday) 54 H Under 1 Year Months: Days: H Under 24 Hours Hours: Min.
13. FATHER'S NAME John Weaver		11. BIRTHPLACE (State or foreign country) Baltimore	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		12. CITIZEN OF WHAT COUNTRY? U S A	
16. SOCIAL SECURITY NO. -		14. MOTHER'S MAIDEN NAME unknown	
17. INFORMANT Mr Ambrose J. Weaver		ADDRESS Old Hanover Box 290 C Rd	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William J. Brown		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/>		23C. DATE SIGNED June 27, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/30/52		24C. NAME OF CEMETERY OR CREMATORY Mt Olivet Cem.	
24D. LOCATION (City, town, or county) (State) 2930 Frederick Ave		25. FUNERAL DIRECTOR John J. Cowan & Son		ADDRESS 99 St. Galline	
DATE RECEIVED BY LOCAL REGISTRAR JUN 27 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

MEDICAL CERTIFICATION

SSOC 92

UNITED STATES OF AMERICA
DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

MEMORANDUM FOR THE DIRECTOR

SUBJECT: [Illegible]

[The remainder of the document contains extremely faint, illegible text.]

652
52 5923
BIRTH NO.

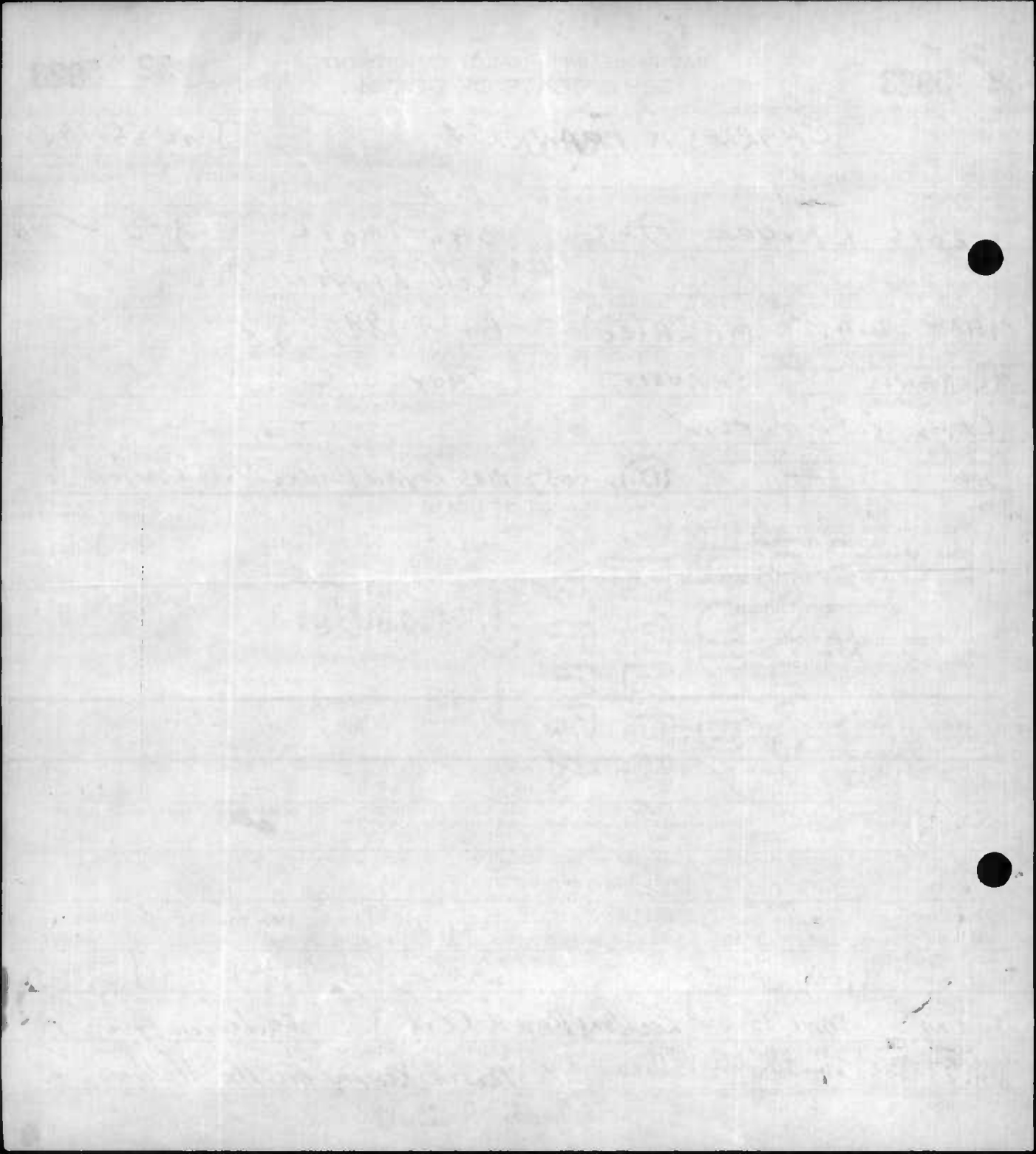
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5923

1. NAME OF DECEASED (Type or Print) CHARLES R. FRANKLIN		2. DATE OF DEATH JUNE 26-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2016 Linden Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 13-02	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2016 Linden Ave	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 6-29-1897
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC		10B. KIND OF BUSINESS OR INDUSTRY TRANSIT	9. AGE (In years last birthday) 55
11. BIRTHPLACE (State or foreign country) TROY - S. C.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME CHAS. R. FRANKLIN ST. RUGBY		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 213-10-0037	
17. INFORMANT MRS. RAYAN PANKO		ADDRESS 2016 LINDEN AVE	
18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral apoplexy A. DUE TO Arteriosclerosis B. DUE TO C. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 1 hr.	
19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1947 to June 26, 1952, that I last saw the deceased alive on 6-22-52, and that death occurred at 11:45 p.m., from the causes and on the date stated above.			
23A. SIGNATURE Edith L. Lay		23B. ADDRESS 2322 Canton Place	
23C. DATE SIGNED 6-27-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE JUNE 30-52	
24C. NAME OF CEMETERY OR CREMATORY LOFTON PARK CEM		24D. LOCATION (City, town, or county) (State) Frederick Ave MD	
DATE RECEIVED BY LOCAL REGISTRY JUN 27 1952		25. FUNERAL DIRECTOR Thos. J. Kenney Inc. 1600 Hollins St	

1 5 2 0 3 5 4 5 9 2 0

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5924
Registered No. _____

260
5924
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Oliver Fisher</i>			2. DATE OF DEATH <i>June 25-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md</i> B. COUNTY _____		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>3716 Chestnut Ave</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 13-07</i>		
c. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>3716 Chestnut Ave</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>March 16-1874</i>		9. AGE (In years last birthday) <i>78</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Machinist</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Penn. R.R.</i>	11. BIRTHPLACE (State or foreign country) <i>Md</i>		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME <i>Leonard Fisher</i>			14. MOTHER'S MAIDEN NAME <i>Jessie A Yeager</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>7-17-07-7014</i>		17. INFORMANT ADDRESS <i>Chester E Fisher 3716 Chestnut Ave</i>	

18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <i>Cerebral Hemorrhage</i> DUE TO (B) <i>Hypertension</i> DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH <i>10 days</i> <i>1 year</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from *6-22-52*, 1952, to *6-25-52*, 1952, that I last saw the deceased alive on *6-25, 1952*, and that death occurred at *4:00 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>John Harrison M.D.</i>	23B. ADDRESS <i>3632 Roland Ave</i>	23C. DATE SIGNED <i>6-26-52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>June 28-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St Marys (Hamden)</i>
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>	25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 27 1952</i>		ADDRESS <i>814 W. 36th St.</i>

MEDICAL CERTIFICATION

1990

224-23

1854 - 1855 (637) D. M. 1000

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5925**

400
52 5925
BIRTH NO.

1. NAME OF DECEASED (Type or Print) DORIS MARIE KEIL		2. DATE OF DEATH June 25, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 3707 Woodlea Ave.		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits write RURAL and give township) Baltimore	
c. Length of stay in Baltimore life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 703 N. Streeper St.	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 7, 1916
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (in years last birthday) 35 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME George Prell		14. MOTHER'S MAIDEN NAME Julia Ruth	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO. no	17. INFORMANT ADDRESS Mehrle Keil, husband, above	

18. 175X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Generalized Carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH 6 Mo.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Carcinoma Lungs		DUE TO Carcinoma St. ovary
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21B. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21C. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/5 , 19 49 , to 6/25/52 19 52 , that I last saw the deceased alive on 6/14 , 19 52 , and that death occurred at 9:30 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Laura Kane J. M.W.		23B. ADDRESS 2601 E. Mount St.		23C. DATE SIGNED 6/27/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 30, 1952		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.	
24D. LOCATION (City, town, or county) (State) 4430 Belair Rd. Balto. Md.		25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.			
DATE RECEIVED BY LOCAL REGISTRAR JUN 27 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

MEDICAL CERTIFICATION

DEPARTMENT OF HEALTH OF MASSACHUSETTS
CERTIFICATE OF DEATH

MASSACHUSETTS

TOWN OF

DATE

DECEASED

AGE

SEX

EDUCATION

CAUSE OF DEATH

PLACE OF DEATH

SIGNATURE OF PHYSICIAN

DATE OF DEATH

SIGNATURE OF REGISTRAR

DATE OF REGISTRATION

PLACE OF REGISTRATION

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

200
2 5926BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5926
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) JOSEPHINE MAXA	
2. DATE OF DEATH June 26, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 505 N. Linwood Ave.	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	
C. Length of stay in Baltimore 11 months	
5. SEX female	6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH March 19, 1872
9. AGE (in years last birthday) 80	10. Under 1 Year Months: Days
11. Under 24 Hours Hours: Min.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME unknown	14. MOTHER'S MAIDEN NAME unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
17. INFORMANT ADDRESS Lillian V. Schramm, dght, above	
18. 260x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Diabetic Coma DUE TO (B) Diabetes Mellitus DUE TO (C) Left Hemiplegia INTERVAL BETWEEN ONSET AND DEATH June 23-52 July 1 51 June 20 52	
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21. TIME (Month) (Day) (Year) (Hour) INJURY	
22. I hereby certify that I attended the deceased from June 1 1952 to June 26 1952 , that I last saw the deceased alive on June 26 1952 , and that death occurred at 11:15 Am. , from the causes and on the date stated above.	
23. SIGNATURE William J. Rydman M. O.	
24. ADDRESS 801 N. Kenwood Dr	
25. DATE SIGNED 6/27/52	
26. BURIAL, CREMATION, REMOVAL (Specify) Burial	
27. DATE June 28, 1952	
28. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.	
29. LOCATION (City, town, or county) (State) 4430 Belair Rd. Balto. Md.	
30. DATE RECEIVED BY LOCAL REGISTRAR JUN 27 1952	
31. REGISTRAR'S SIGNATURE Huntington Williams	
32. FUNERAL DIRECTOR Schamnek Funeral Home, Inc.	
33. ADDRESS 2601-3-5 E. Madison St.	

MINISTRY OF HEALTH
CERTIFICATE OF DEATH

REGISTRATION NO.

DATE OF DEATH

DECEASED

II. CAUSE

III. PLACE

IV. SIGNATURE

V. REMARKS

VI. SIGNATURE OF REGISTRAR

DECEASED
I hereby certify that the above is a true and correct copy of the original entry in the Register of Deaths, as kept by me, the Registrar, in accordance with the provisions of the Registration of Deaths Act, 1901.

SIGNED AND SEALED
IN WITNESS WHEREOF, I have hereunto set my hand and the seal of the Registrar, at the City of London, this 1st day of January, 1902.

THIS CERTIFICATE IS VALID FOR THE PURPOSES OF THE REGISTRATION OF DEATHS ACT, 1901, AND THE BURIALS AND CREMATIONS ACT, 1902, AND THE BURIALS AND CREMATIONS (AMENDMENT) ACT, 1903.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53-5927**

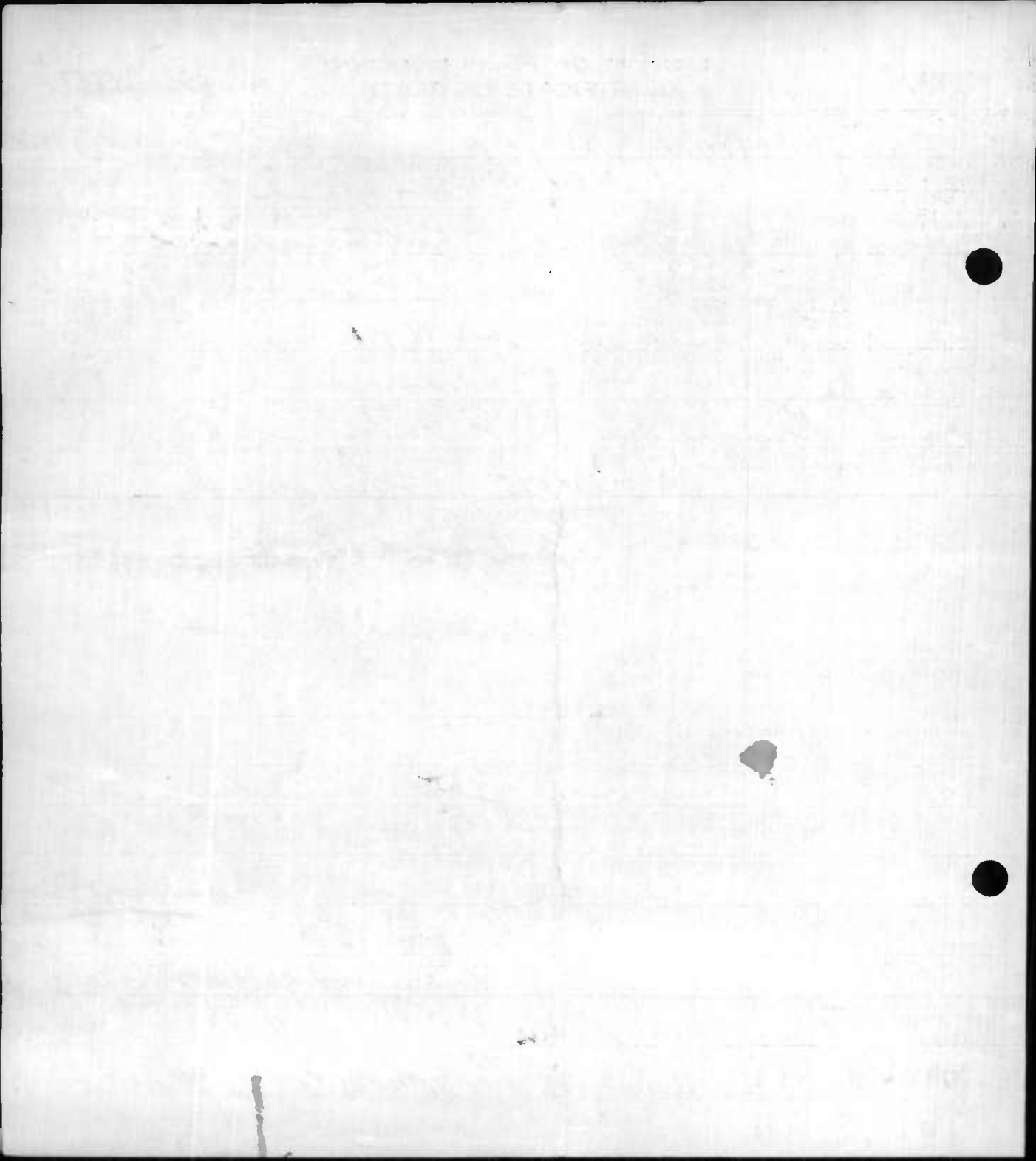
600
2 5927
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Lillian Royer			2. DATE OF DEATH June 25, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland Balt. Md.			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE Maryland b. COUNTY Baltimore		
b. FULL NAME OF HOSPITAL OR INSTITUTION Maryland Gen. Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 23-01		
c. Length of stay in Baltimore life Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 1222 Houser St #20		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH sec 10, 1980		9. AGE (In years, last birthday) 41
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Louis Klingenberg			14. MOTHER'S MAIDEN NAME Mary Schenck		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 212-09-9075	17. INFORMANT husband ADDRESS		

18. 274X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Malignant Hypertension	CAUSE OF DEATH (A) Malignant Hypertension DUE TO	INTERVAL BETWEEN ONSET AND DEATH 6 months
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Uremia	(B) Uremia DUE TO	
(C) _____		

19a. DATE OF OPERATION 6/2/52		19b. MAJOR FINDINGS OF OPERATION Enlargement of Left Adrenal gland		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21d. TIME (Month) (Day) (Year) (Hour) INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5/21 , 1952, to 6/25 , 1952, that I last saw the deceased alive on 6/25 , 1952 and that death occurred at 8:40 pm. , from the causes and on the date stated above.					
23a. SIGNATURE Anthony C. Verne MD.		23b. ADDRESS Maryland Gen Hosp		23c. DATE SIGNED 6/25/52	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE June 25, 1952	24c. NAME OF CEMETERY OR CREMATORY Edison Park	24d. LOCATION (City, town, or county) (State) E. A. Co. Md.		
DATE RECEIVED BY LOCAL REGISTRAR JUN 27 1952	REGISTRAR'S SIGNATURE Huntington Williams MD.	25. FUNERAL DIRECTOR R. Howard Evans		ADDRESS 1400 S. Charles St.	

MEDICAL CERTIFICATION



526
2 5928BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5928

Registered No. _____

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) <i>Jetta M. Junker</i>		2. DATE OF DEATH <i>Mar. June 26, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY _____			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>2823 Clifton Ave.</i>		C. CITY OR TOWN (If outside corporate limits, write full name and give township) <i>Baltimore 15-06</i>			
C. Length of stay in Baltimore <i>About 35 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>2823 Clifton Ave.</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Apr. 1, 1905</i>	9. AGE (In years last birthday) <i>47</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Homemaker</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at Home</i>		11. BIRTHPLACE (State or foreign country) <i>Smith Island, Md.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Joseph G. Sparrow</i>		14. MOTHER'S MAIDEN NAME <i>Carrie E. Lebra</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. _____		17. INFORMANT ADDRESS <i>Edw. J. Junker, (husband) Same</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>157X I</i>		CAUSE OF DEATH (A) <i>Carcinoma of Pancreas</i> DUE TO (B) <i>Unknown</i> DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Carcinoma of Cervix</i>					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Dec. 12, 1950</i> to <i>June 26, 1952</i> that I last saw the deceased alive on <i>June 25, 1952</i> and that death occurred at <i>2:00 P.M.</i> from the causes and on the date stated above.					
23A. SIGNATURE <i>Henry W. D. Höljes</i>		23B. ADDRESS <i>2 E. Read St.</i>		23C. DATE SIGNED <i>6-27-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>June 30, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore Cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto, Md.</i>		25. FUNERAL DIRECTOR ADDRESS <i>1400 S. Charles St Balto 30 Md</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 27 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>G. E. Bawand Evans</i>	

MEDICAL CERTIFICATION

320
5929

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5929

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Mrs. Mabel Matthews</i>		2. DATE OF DEATH <i>6/26/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mary Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i> <i>5-02</i>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>418 Forest St. #2</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOWED</i>	8. DATE OF BIRTH <i>Aug 30 1890</i>	9. AGE (in years last birthday) <i>62</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Maryland Saw Co.</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
13. FATHER'S NAME <i>Daniel Medford</i>		14. MOTHER'S MAIDEN NAME <i>unknown</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>unknown</i>		17. INFORMANT ADDRESS	

18. <i>422.1</i>	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) <i>Congestive Failure</i>	<i>4 days</i>
ANTECEDENT CAUSES		(B) <i>ACVD & Lung Irritation due to smoke</i>	<i>1 wk</i>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>6/21/52</i> 19 <i>52</i> to <i>June 26, 1952</i> , that I last saw the deceased alive on <i>June 26, 1952</i> and that death occurred at <i>9:15 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>John A. Stone</i>		23B. ADDRESS <i>Mary Hosp.</i>		23C. DATE SIGNED <i>6/26/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>6/28/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>PARK WOOD</i>	
24D. LOCATION (City, town, or county) <i>BALTO. Co. MD</i>		25. FUNERAL DIRECTOR <i>CHARLES F. FORDS & SON</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 27 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		ADDRESS <i>118 W. Mt. Roy Lane</i>	

6903D

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side. The text is too light to transcribe accurately.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5930**

BIRTH NO. 5930		2. DATE OF DEATH June 26, 1952	
1. NAME OF DECEASED (Type or Print) ELLIOTT CHASE			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY 15-01	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore ? Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 1303 N. Gilmor Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH May 11, 1916
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Gen.	9. AGE (In years last birthday) 36 If Under 1 Year: Months: _____ Days: _____ If Under 24 Hours: Hours: _____ Min: _____
11. BIRTHPLACE (State or foreign country) S. Carolina		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Ernest Chase		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes		16. SOCIAL SECURITY NO. 220-37-5752	
17. INFORMANT Byrlean Chase 1303 N. Gilmor St.			

18. E931.9 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Heat prostration		INTERVAL BETWEEN ONSET AND DEATH
(A) _____ DUE TO _____		
ANTECEDENT CAUSES (B) _____ DUE TO _____		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. II		

19A. DATE OF OPERATION June 26, 1952		19B. MAJOR FINDINGS OF OPERATION Unknown		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Exhaustion from heat		
21D. TIME (Month) (Day) (Year) (Hour) June 26, 1952	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <i>William V. Wood</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED June 27, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/30/52	24C. NAME OF CEMETERY OR CREMATORY Balto. National	24D. LOCATION (City, town, or county) (State) Balto. Md.	

DATE RECEIVED BY LOCAL REGISTRAR JUN 27 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	FUNERAL DIRECTOR <i>W. S. Kelson 1303 Chestman St</i>	ADDRESS
VS 151 N 9813 97099			

MEDICAL CERTIFICATION

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BALTIMORE CITY HEALTH DEPARTMENT

52 5931

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 52 5931 52-14403		1. NAME OF DECEASED (Type or Print) <i>Baby Boy Casale-John Joseph</i>		2. DATE OF DEATH <i>6/25/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Ind</i> B. COUNTY <i>Baltimore</i>		5. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Balto.</i> <i>5355</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Lucy Hosp.</i>		D. STREET ADDRESS (If rural, give location) <i>1823 Loch Shield Rd</i>		C. LENGTH OF STAY IN BALTIMORE <i>1</i> <i>Mos. Days</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S</i>	8. DATE OF BIRTH <i>6/24/52</i>	9. AGE (In years last birthday) <i>1</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>child</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>	
13. FATHER'S NAME <i>Joseph John Casale</i>		14. MOTHER'S MAIDEN NAME <i>Mary Ann Christopher</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Mr. Joseph J. Casale-1823 Loch Shield</i>	
18. <i>762.0</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH <i>Atelectasis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO		(B) DUE TO	
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>3 Bronchoscopy</i>		19B. MAJOR FINDINGS OF OPERATION <i>lungs</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>6/24</i> , 19 <i>52</i> , to <i>6/25</i> , 19 <i>52</i> that I last saw the deceased alive on <i>6/25</i> , 19 <i>52</i> and that death occurred at <i>9:55</i> a.m., from the causes and on the date stated above.					
25A. SIGNATURE <i>M. A. Williams</i>		23B. ADDRESS <i>Lucy Hosp.</i>		23C. DATE SIGNED <i>6/25/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>6/27/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>	
24D. LOCATION (City, town, or county) <i>Balto Md</i>		24E. LOCAL REGISTRAR <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Shuck</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 27 1952</i>		REGISTRAR'S SIGNATURE		ADDRESS <i>5305 Mayford Rd</i>	

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2 5932

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5932

1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
ARTHUR ABERTS			June 25, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION			A. STATE Maryland		
Maryland General Hospital			B. COUNTY		
C. Length of stay in Baltimore			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
Yrs. Mos. Days			Baltimore		
5. SEX male			D. STREET ADDRESS (If rural, give location)		
6. COLOR OR RACE white			819 N. Howard Street		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) divorced			9. AGE (in years last birthday) 49		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur			11. BIRTHPLACE (State or foreign country)		
10B. KIND OF BUSINESS OR INDUSTRY			Baltimore, Maryland		
13. FATHER'S NAME William Hays Aberts			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			14. MOTHER'S MAIDEN NAME		
16. SOCIAL SECURITY NO.			Mary Cecilia Grail		
17. INFORMANT			ADDRESS		
Mr. Charles Aberts, 2906 Pinewood					

MEDICAL CERTIFICATION

18. 581.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES			(A) Cirrhosis of the liver					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			DUE TO chronic alcoholism					
(B)								
(C)								
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY			21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .								
23A. SIGNATURE			23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....			23C. DATE SIGNED		
Huntington Williams, M.D.						June 26, 1952		
24A. BURIAL, CREMATION, REMOVAL (Specify)			24B. DATE			24C. NAME OF CEMETERY OR CREMATORY		
Burial			6/21/52			Loudon Park Cem.		
24D. LOCATION (City, town, or county)			24E. LOCATION (City, town, or county)			24F. LOCATION (City, town, or county)		
Baltimore, Maryland			Baltimore, Maryland			Baltimore, Maryland		
DATE RECEIVED BY LOCAL REGISTRAR			REGISTRAR'S SIGNATURE			25. FUNERAL DIRECTOR		
JUN 27 1952			Huntington Williams, M.D.			ADDRESS		
						Ruck, 5305 Harford Road		

CERTIFICATE OF DEATH

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52 5933

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

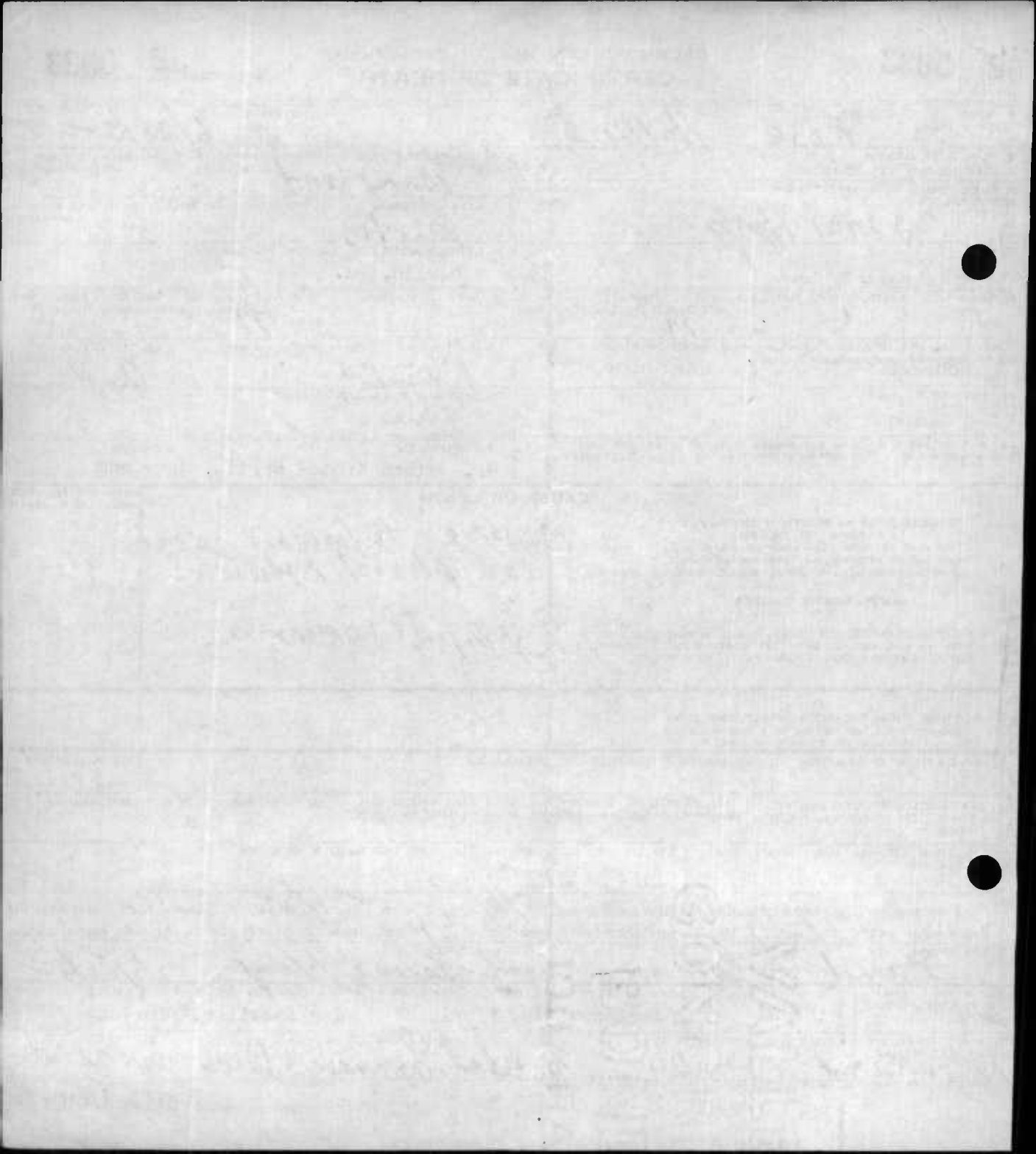
Registered No. 52 5933

BIRTH NO.		2. DATE OF DEATH 6/26/52	
1. NAME OF DECEASED (Type or Print) Rose Hollins		3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hosp.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Worcester	
C. Length of stay in Baltimore		5. CITY OR TOWN Berlin	
5. SEX F		6. COLOR OR RACE W	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH 1876	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY own home	
13. FATHER'S NAME Unknown		11. BIRTHPLACE (State or foreign country) Russia	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr. Nathan Krome		ADDRESS Berlin, Maryland	

18. 200.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) MASSIVE Pulmonary edema and pleural Effusion ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Lymphosarcoma OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH II	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 5/11 1951, to 6/26 1952, that I last saw the deceased alive on 6/26 1952, and that death occurred at 6 p.m., from the causes and on the date stated above.		
23A. SIGNATURE David Solomon	23B. ADDRESS Sinai Hosp.	23C. DATE SIGNED 6/26/52

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 6/27/52	24C. NAME OF CEMETERY OR CREMATORY Jacksonville, Florida	24D. LOCATION (City, town, or county) (State) Jacksonville, Florida
DATE RECEIVED BY LOCAL REGISTRAR JUN 27 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Sal. Lerman	ADDRESS 2102 - 1124-26 W. North Ave.



550

5934

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 5934

1. NAME OF DECEASED (Type or Print)		MILES CANNON		2. DATE OF DEATH June 25, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
5. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		4-03	
6. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 736 W. Fayette Street			
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 25, 1917	9. AGE (In years last birthday) 44	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY gen		11. BIRTHPLACE (State or foreign country) Ayden N.C.	
13. FATHER'S NAME Miles Cannon		14. MOTHER'S MAIDEN NAME Harriet		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT G. L. Cannon	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		ADDRESS 736 W. Fayette St	

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Tuberculoma of brain

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) Pulmonary tuberculosis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

June 26, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTORY

ADDRESS

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FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

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52 5935

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5935
Registered No.1. NAME OF DECEASED
(Type or Print)

Nellie Handen

2. DATE
OF
DEATH

6/24/1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

5410 Denmore Ave.

C. CITY OR TOWN (If outside corporate limits, write full name and give township)
Balto. 21-18

D. STREET ADDRESS (If rural, give location)

5410 Denmore Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female Col.

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

6/26/1888

9. AGE (In years last birthday)

63

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Washington D.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Watt Williams

14. MOTHER'S MAIDEN NAME

Lucy Powell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Ethel Smith Denmore Ave.

ADDRESS 5410

18. 592x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1, 1952, to 6/24, 1952, that I last saw the deceased alive on 6/24, 1952, and that death occurred at 11 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/30/1952

24C. NAME OF CEMETERY OR CREMATORY

Balto. National

24D. LOCATION (City, town, or county)

Balto.

24E. STATE

Md.

DATE RECEIVED BY LOCAL REGISTRAR

JUN 27 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Walter R. Williams

ADDRESS

5410 Denmore Ave.

VS 150

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Signature of witness	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery	
16. Signature of church		17. Signature of family		18. Signature of neighbors	
19. Signature of friends		20. Signature of community		21. Signature of society	
22. Signature of association		23. Signature of organization		24. Signature of institution	
25. Signature of government		26. Signature of state		27. Signature of county	
28. Signature of city		29. Signature of town		30. Signature of village	
31. Signature of hamlet		32. Signature of precinct		33. Signature of ward	
34. Signature of district		35. Signature of division		36. Signature of section	
37. Signature of group		38. Signature of unit		39. Signature of team	
40. Signature of corps		41. Signature of brigade		42. Signature of division	
43. Signature of army		44. Signature of navy		45. Signature of air force	
46. Signature of space force		47. Signature of coast guard		48. Signature of marine corps	
49. Signature of army corps		50. Signature of army division		51. Signature of army corps	
52. Signature of army division		53. Signature of army corps		54. Signature of army division	
55. Signature of army corps		56. Signature of army division		57. Signature of army corps	
58. Signature of army division		59. Signature of army corps		60. Signature of army division	
61. Signature of army corps		62. Signature of army division		63. Signature of army corps	
64. Signature of army division		65. Signature of army corps		66. Signature of army division	
67. Signature of army corps		68. Signature of army division		69. Signature of army corps	
70. Signature of army division		71. Signature of army corps		72. Signature of army division	
73. Signature of army corps		74. Signature of army division		75. Signature of army corps	
76. Signature of army division		77. Signature of army corps		78. Signature of army division	
79. Signature of army corps		80. Signature of army division		81. Signature of army corps	
82. Signature of army division		83. Signature of army corps		84. Signature of army division	
85. Signature of army corps		86. Signature of army division		87. Signature of army corps	
88. Signature of army division		89. Signature of army corps		90. Signature of army division	
91. Signature of army corps		92. Signature of army division		93. Signature of army corps	
94. Signature of army division		95. Signature of army corps		96. Signature of army division	
97. Signature of army corps		98. Signature of army division		99. Signature of army corps	
100. Signature of army division		101. Signature of army corps		102. Signature of army division	

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5936

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5936

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Imogene B. Brown

2. DATE
OF
DEATH

6/26/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1301 Park Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

126 W. Lantana St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9/25/1867

9. AGE (in years
last birthday)

84

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

(Unknown) Bechtel

14. MOTHER'S MAIDEN NAME

Vane Giddis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Hunter Moss 4602 Roland Ave.

18. 332X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral Thrombosis then #5 hrs
of coma

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Anteausclogotic cerebral
vascular disease

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/24, 1952, to 6/26, 1952, that I last saw the
deceased alive on 6/25, 1952, and that death occurred at 6:00 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Newland Edmund Day M. D.

23B. ADDRESS

4-E-33rd St Balto 18

23C. DATE SIGNED

June 27, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6/28/52

24C. NAME OF CEMETERY OR CREMATORY

St. Pauls Church

24D. LOCATION (City, town or county)

Chester town Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

404 Oak Inc. 1217 8th St. Paul St.

VS 150

MEDICAL CERTIFICATION

1. Name of the landowner or claimant		2. Name of the person to whom the land is being conveyed	
3. Description of the land		4. Date of the conveyance	
5. Signature of the landowner or claimant		6. Signature of the person to whom the land is being conveyed	
7. Signature of the witness		8. Signature of the official	
9. Signature of the official		10. Signature of the official	
11. Signature of the official		12. Signature of the official	
13. Signature of the official		14. Signature of the official	
15. Signature of the official		16. Signature of the official	
17. Signature of the official		18. Signature of the official	
19. Signature of the official		20. Signature of the official	
21. Signature of the official		22. Signature of the official	
23. Signature of the official		24. Signature of the official	
25. Signature of the official		26. Signature of the official	
27. Signature of the official		28. Signature of the official	
29. Signature of the official		30. Signature of the official	
31. Signature of the official		32. Signature of the official	
33. Signature of the official		34. Signature of the official	
35. Signature of the official		36. Signature of the official	
37. Signature of the official		38. Signature of the official	
39. Signature of the official		40. Signature of the official	
41. Signature of the official		42. Signature of the official	
43. Signature of the official		44. Signature of the official	
45. Signature of the official		46. Signature of the official	
47. Signature of the official		48. Signature of the official	
49. Signature of the official		50. Signature of the official	
51. Signature of the official		52. Signature of the official	
53. Signature of the official		54. Signature of the official	
55. Signature of the official		56. Signature of the official	
57. Signature of the official		58. Signature of the official	
59. Signature of the official		60. Signature of the official	
61. Signature of the official		62. Signature of the official	
63. Signature of the official		64. Signature of the official	
65. Signature of the official		66. Signature of the official	
67. Signature of the official		68. Signature of the official	
69. Signature of the official		70. Signature of the official	
71. Signature of the official		72. Signature of the official	
73. Signature of the official		74. Signature of the official	
75. Signature of the official		76. Signature of the official	
77. Signature of the official		78. Signature of the official	
79. Signature of the official		80. Signature of the official	
81. Signature of the official		82. Signature of the official	
83. Signature of the official		84. Signature of the official	
85. Signature of the official		86. Signature of the official	
87. Signature of the official		88. Signature of the official	
89. Signature of the official		90. Signature of the official	
91. Signature of the official		92. Signature of the official	
93. Signature of the official		94. Signature of the official	
95. Signature of the official		96. Signature of the official	
97. Signature of the official		98. Signature of the official	
99. Signature of the official		100. Signature of the official	

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52 5937

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5937
Registered No.

1. NAME OF DECEASED (Type or Print) <u>Harry F. Parks</u>			2. DATE OF DEATH <u>June 26, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>5239 Reisterstown Rd.</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>5239 Reisterstown Road</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore Maryland</u>		
C. Length of stay in Baltimore <u>50 yrs</u>			D. STREET ADDRESS (If rural, give location) <u>5239 Reisterstown Road</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 25, 1883</u>	9. AGE (in years last birthday) <u>68</u>	H Under 1 Year Months Days H Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Building Const.</u>		11. BIRTHPLACE (State or foreign country) <u>Baltimore County Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13. FATHER'S NAME <u>Joshua E. Parks</u>		14. MOTHER'S MAIDEN NAME <u>Ebra H. Plowman</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>—</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT ADDRESS <u>Mrs. Jane E. Parks 5239 Reisterstown Rd.</u>	

18. <u>200.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Lympho-Sarcoma, retro-peritoneal</u> <u>- between pancreas & stomach</u> <u>with metastasis to liver</u>		19. CAUSE OF DEATH (A) <u>—</u> DUE TO (B) <u>—</u> DUE TO (C) <u>—</u>	20. INTERVAL BETWEEN ONSET AND DEATH <u>About 1 year</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

18A. DATE OF OPERATION <u>Jan. 18, 1952</u>		18B. MAJOR FINDINGS OF OPERATION <u>See 18-A</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>—</u>	
21D. TIME (Month) (Day) (Year) (Hour) INJURY <u>—</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>—</u>	
22. I hereby certify that I attended the deceased from <u>April 17, 1952</u> to <u>June 26, 1952</u> , that I last saw the deceased alive on <u>6/24/52</u> , 1952, and that death occurred at <u>12:15</u> p. m., from the causes and on the date stated above.					
23A. SIGNATURE <u>Julius C. Bluch</u>		23B. ADDRESS <u>5356 Reisterstown Rd.</u>		23C. DATE SIGNED <u>6/26/52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>June 28, 1952</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Druid Ridge</u>	
24D. LOCATION (City, town, or county) <u>Pikesville, Maryland</u>		24E. LOCATION (State) <u>Maryland</u>		25. FUNERAL DIRECTOR <u>Loring E. Giers</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 27 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		ADDRESS <u>3005 N. Falls Ave</u>	

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MEDICAL CERTIFICATION

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52 5938

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5938
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Alice Shriver Clendinen</i>		2. DATE OF DEATH <i>6-25-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Md</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Union Memorial</i>		C. CITY OR TOWN (If outside corporate limits, write BORER and give township) <i>Baltimore</i>	
C. LENGTH OF STAY IN BALTIMORE <i>71</i>		D. STREET ADDRESS (If rural, give location) <i>3206 St. Paul.</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S</i>	8. DATE OF BIRTH <i>7-18-1880</i>
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		9B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>71</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>
13. FATHER'S NAME <i>Thomas R. Clendinen</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
14. MOTHER'S MAIDEN NAME <i>Alice Shriver</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>?</i>	
16. SOCIAL SECURITY NO. <i>✓</i>		17. INFORMANT ADDRESS <i>Hospital Record</i>	

18. <i>420.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO <i>Coronary Thrombosis</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH <i>5 hrs.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO <i>Thrombotic + Arteriosclerotic Heart Disease</i>		<i>2 yrs.</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO <i>Bronchopneumonia</i>		<i>10 days</i>

19A. DATE OF OPERATION <i>6-10-52</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>6-10-52</i> , 19__, to <i>6-25-52</i> , 19__, that I last saw the deceased alive on <i>6-25-52</i> , 19__, and that death occurred at <i>11:15</i> p. m., from the causes and on the date stated above.					
23. SIGNATURE <i>Naverly S. Green, Jr.</i>		23B. ADDRESS <i>Union Memorial Hosp</i>		23C. DATE SIGNED <i>6-25-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>June 28/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Green Mount</i>	
24D. LOCATION (City, town, or county) <i>Balti. Md</i>		24E. STATE <i>Md</i>		24F. FUNERAL DIRECTOR <i>H. H. Perkins</i>	
24G. ADDRESS <i>Box 4905 York Pa</i>		24H. DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 27 1952</i>		24I. REGISTRAR'S SIGNATURE <i>Huntington Williams, Md.</i>	

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5939

Registered No.

BIRTH NO. 5939 *Don Rev*

1. NAME OF DECEASED (Type or Print) *Boyce, Carol Jean*

2. DATE OF DEATH *6-27-52*

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *MD* B. COUNTY *Howard*

5. FULL NAME OF HOSPITAL OR INSTITUTION *Univ. Hosp.*

6. CITY OR TOWN *Savage*

7. STREET ADDRESS (If rural, give location) *Gorman Rd. 6300*

8. DATE OF BIRTH *Sept 3-1951*

9. AGE (in years last birthday) *8 mo.*

10. UNDER 1 Year Months: Days

11. UNDER 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) *Laurel, MD*

12. CITIZEN OF WHAT COUNTRY? *US*

13. FATHER'S NAME *Loring Boyce*

14. MOTHER'S MAIDEN NAME *Eleanor Wheeler*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT *Loring Boyce* ADDRESS *920 W Balto St Balto, MD*

18. *E931.9 I* CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Hypertension + Convulsion 24 hrs*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Heat prostration + exhaustion ?*

CERTIFICATION APPROVED BY *R. F. Fisher* CHIEF OR ASST. MEDICAL EXAMINER.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) *home*

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) *Gorman Rd 6300*

21D. TIME (Month) (Day) (Year) (Hour) *6/26-27/52*

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR? *heat exposure*

22. I hereby certify that I attended the deceased from *6-27* 19*52* to *6-27*, 19*52*, that I last saw the deceased alive on *6-27*, 19*52* and that death occurred at *9:20* Am., from the causes and on the date stated above.

23A. SIGNATURE *D. W. Bessard*

23B. ADDRESS *Univ. Hosp. Balto, MD*

23C. DATE SIGNED *6-27-52*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial*

24B. DATE *June 29-52*

24C. NAME OF CEMETERY OR CREMATORY *Savage Cemtry*

24D. LOCATION (City, town, or county) (State) *Savage, MD*

DATE RECEIVED BY LOCAL REGISTRAR *JUN 27 1952*

REGISTRAR'S SIGNATURE *Huntington Williams, M.D.*

25. FUNERAL DIRECTOR *De Witt Dorso* ADDRESS *10500 Laurel, MD.*



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52 5940

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5940

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) *ANNIE MARY Rutledge*

2. DATE OF DEATH *6-27-52*

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE *Maryland* B. COUNTY *Baltimore*

5. FULL NAME OF HOSPITAL OR INSTITUTION *Union Memorial Hospital*

6. CITY OR TOWN *White Hall*

7. STREET ADDRESS (If rural, give location) *5300*

8. Length of stay in Baltimore *8* Days

9. SEX *F*

10. COLOR OR RACE *W*

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

12. DATE OF BIRTH *Nov. 27, 1869*

13. AGE (in years, last birthday) *81*

14. Under 1 Year Months: Days

15. Under 24 Hours Hours: Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *none*

17. KIND OF BUSINESS OR INDUSTRY *-*

18. BIRTHPLACE (State or foreign country) *Maryland*

19. CITIZEN OF WHAT COUNTRY? *USA*

20. FATHER'S NAME *Mr. David Wilson*

21. MOTHER'S MAIDEN NAME *Rachel Slade*

22. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) *no*

23. SOCIAL SECURITY NO. *-*

24. INFORMANT *John P. Rutledge* ADDRESS *White Hall Md*

25. CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)
Cerebrovascular Accident

26. ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
-

27. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
-

28. INTERVAL BETWEEN ONSET AND DEATH

29. DATE OF OPERATION *0*

30. MAJOR FINDINGS OF OPERATION

31. AUTOPSY? YES ☐ NO ☒

32. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

33. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

34. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

35. TIME (Month) (Day) (Year) (Hour) INJURY

36. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

37. HOW DID INJURY OCCUR?

38. I hereby certify that I attended the deceased from *June 21, 1952*, to *June 27, 1952*, that I last saw the deceased alive on *June 27, 1952*, and that death occurred at *7:25 P. m.*, from the causes and on the date stated above.

39. SIGNATURE *William A. Anderson*

40. ADDRESS *Union Memorial Hosp.*

41. DATE SIGNED *6-27-52*

42. M. D.

43. BURIAL, CREMATION, REMOVAL (Specify)

44. DATE *June 30 1952*

45. NAME OF CEMETERY OR CREMATORY *Bethel*

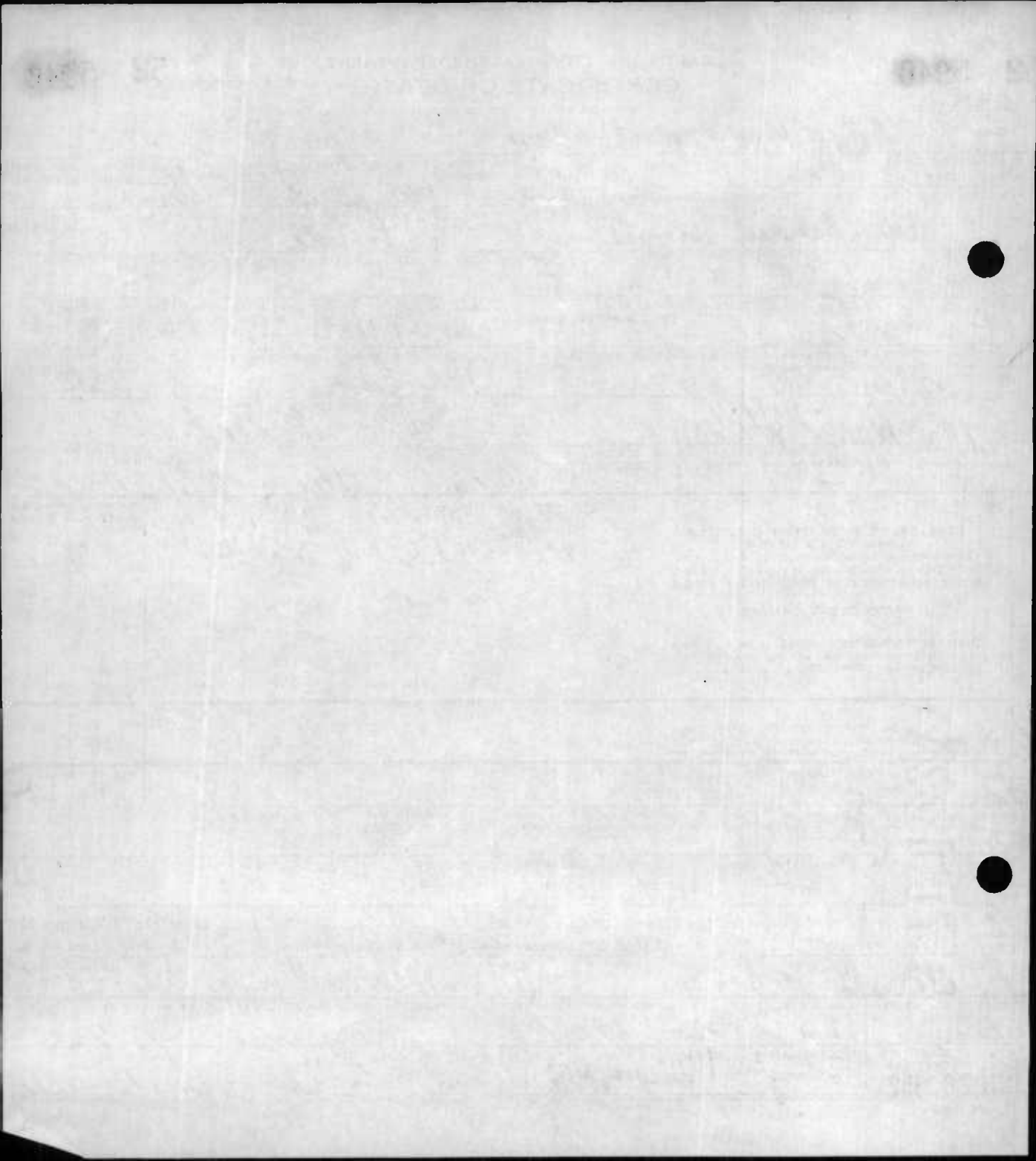
46. LOCATION (City, town, or county) (State) *Madonna Md.*

47. DATE RECEIVED BY LOCAL REGISTRAR *JUN 28 1952*

48. REGISTRAR'S SIGNATURE *Huntington Williams, M.D.*

49. FUNERAL DIRECTOR *Charles A. Fultz*

50. ADDRESS *Garrattsville Md.*



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5941

Registered No. _____

1. NAME OF DECEASED (Type or Print) GEORGE I. GRAY			2. DATE OF DEATH June 25, 1952.		
3. PLACE OF DEATH: A. Baltimore City, Maryland 3243 Fait Ave.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Life Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 3243 Fait Ave.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 2, 1891		9. AGE (In years last birthday) 60
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man		10B. KIND OF BUSINESS OR INDUSTRY Federal Res. Bank	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George Gray			14. MOTHER'S MAIDEN NAME Mary Nicholson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Gertrude Gray 3243 Fait Ave.		
18. 572.2 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Myocardial degeneration DUE TO ANTECEDENT CAUSES Ulcerative Colitis. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept 10, 1946 to June 25, 1952 that I last saw the deceased alive on June 25, 1952 and that death occurred at 8:15 A.M. from the causes and on the date stated above.					
23A. SIGNATURE E. A. Thompson Jr.		23B. ADDRESS 3501 Fait Ave.		23C. DATE SIGNED 6-26-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 28 1952		24C. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery	
				24D. LOCATION (City, town, or county) (State) 7401 German Hill Rd. Balto., Co.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 28 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Charles S. Geller 901 S. Conkling St.	

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CERTIFICATE OF DEATH

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2 5942BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5942

1. NAME OF DECEASED (Type or Print) William A. Lilly			2. DATE OF DEATH June 24, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 3216 Falt Ave.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE About 49 Yrs. Yrs. Mos. Days			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-11		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 3216 Falt Ave.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 26, 1879	9. AGE (In years last birthday) 72	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY Am. Smelt. and Ref. Co		11. BIRTHPLACE (State or foreign country) Ellicott City	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME John Lilly		
14. MOTHER'S MAIDEN NAME Unknown			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		
16. SOCIAL SECURITY NO. 212-10-1511 A			17. INFORMANT ADDRESS Bertie M. Lilly 3216 Falt Ave.		
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Coronary Thrombosis DUE TO (B) arteriosclerosis - DUE TO generalized (C)			INTERVAL BETWEEN ONSET AND DEATH 1 day		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 13, 1952 to June 24, 1952 , that I last saw the deceased alive on June 24, 1952 , and that death occurred at 10:00 P.M. from the causes and on the date stated above.					
23A. SIGNATURE L. J. Klines			23B. ADDRESS 2623 E. Monument St.		23C. DATE SIGNED 6/27/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 28 1952	24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery	24D. LOCATION (City, town, or county) (State) 7225 Eastern Ave. Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 28 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS St. Charles St. Feiler 901 S. Conkling St.	

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APRIL 10, 1964

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5943**

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Theresa Mueller (THERESA G.M. MUELLER)		June 26, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or location)		A. STATE			
Baltimore City Hospitals		Maryland			
4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
		Baltimore			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
62 yrs.		2041 Sinclair Lane-13			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months: Days
Female	White	Widowed	Nov. 13, 1876	75	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Housework		at home		Austria	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
? SCHRAUTH		Unknown ?		USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT	
No		none		Records: B. C. H. 4940 Eastern Avenue	

18. 170X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) Malignant effusion		2 or 3 weeks	
DUE TO					
ANTECEDENT CAUSES		(B) Regional metastases to Axilla and pleura		18 months	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
		(C) Carcinoma of Right breast		?	
II					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from 6-16, 1952, to 6-26, 1952, that I last saw the deceased alive on 6-26, 1952, and that death occurred at 10:35A. m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
J. S. Cozen M.D.		4940 Eastern Avenue		6-26-52	

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Burial		6/28/52		Parkwood Cemetery		Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR		ADDRESS	
JUN 28 1952		Huntington Williams, M.D.		HENRY SANDER & SONS, INC.		BALTO. 9 13. MD.	
VS 150							

Ben F. Sander.

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5944**

560
52 5944
BIRTH NO.

1. NAME OF DECEASED (Type or Print) KATHERINE E. CONROY			2. DATE OF DEATH June 26, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital			c. CITY OR TOWN (If outside corporate limits, write rural and give township) Baltimore		
c. Length of stay in Baltimore Life			d. STREET ADDRESS (If rural, give location) 1817 Rutland Avenue		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 25, 1879		9. AGE (In years last birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME James Conroy		
14. MOTHER'S MAIDEN NAME Margaret Tighe			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		
16. SOCIAL SECURITY NO. None			17. INFORMANT 1817 N. Rutland Avenue Miss Emma A. Conroy		

18. E903.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bronchopneumonia (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Fracture of left femur (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1817 Rutland Avenue	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY May 1952		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Slipped and fell to floor	

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE <i>William V. Sander</i>		23b. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23c. DATE SIGNED June 27, 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 6/30/52		24c. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery	
24d. LOCATION (City, town, or county) Baltimore, Md.		24e. STATE BALTO, MD.			

DATE RECEIVED BY LOCAL REGISTRAR JUN 28 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.	
V S 151		N821.0		<i>George F. Sander</i>	

MEDICAL CERTIFICATION

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5945**

530
5945
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Charles R. Smith		2. DATE OF DEATH June 26, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4701 Sayer Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 4701 Sayer Avenue	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 26, 1872
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Signalman		10B. KIND OF BUSINESS OR INDUSTRY Penna. R. R. Co.	9. AGE (In years, last birthday) 79
13. FATHER'S NAME William Smith		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO. None		14. MOTHER'S MAIDEN NAME Virginia Taylor	
17. INFORMANT Bertha E. Smith, 4701 Sayer Avenue		ADDRESS	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Thrombosis, cerebral	CAUSE OF DEATH (A) DUE TO Arteriosclerotic Cardiovascular Disease	INTERVAL BETWEEN ONSET AND DEATH 24 hours
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO 10 years	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **April**, 19**52** to **June**, 19**52**, that I last saw the deceased alive on **June 25**, 19**52**, and that death occurred at **1 p. m.**, from the causes and on the date stated above.

23A. SIGNATURE John F. Schaefer M. D.	23B. ADDRESS 401 Random Road	23C. DATE SIGNED 6-27-52
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 6/28/52	24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery
24D. LOCATION (City, town, or county) Baltimore, Maryland		24E. FUNERAL DIRECTOR Wm. Cook, Inc.

DATE RECEIVED BY LOCAL REGISTRAR **JUN 28 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** ADDRESS **1217 St. Paul Street**

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OFFICE OF THE ATTORNEY GENERAL

DEPARTMENT OF JUSTICE

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5946
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) ELEANOR A MACKERETH		2. DATE OF DEATH 6/26/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) 851 Powers St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 13-06			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 851 Powers St.			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 1, 1884	9. AGE (in years last birthday) 68	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) md.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME -			
14. MOTHER'S MAIDEN NAME -		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) -			
16. SOCIAL SECURITY NO. -		17. INFORMANT ADDRESS John T. Mackereth 851 Powers St.			
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion DUE TO Coronary Heart Disease 2 years ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH Coronary Occlusion Coronary Heart Disease 2 years		INTERVAL BETWEEN ONSET AND DEATH 24 hours	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb 3 1950 , to June 26, 1952 , that I last saw the deceased alive on June 26, 1952 , and that death occurred at 4 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE Leonard Wallenstein		23B. ADDRESS 848 W 36 St		23C. DATE SIGNED 6/27/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/30/52		24C. NAME OF CEMETERY OR CREMATORY Lincoln Ridge	
24D. LOCATION (City, town, or county) (State) Pikesville md.		24E. FUNERAL DIRECTOR Paul E. Gheormetoff		24F. ADDRESS 365 W 16th St	
DATE RECEIVED BY LOCAL REGISTRAR JUN 28 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS	

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 52 5947

1. NAME OF DECEASED (Type or Print) CATHERINE V BUTCHER		2. DATE OF DEATH 6/27/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Windsor Nursing Home.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 13-04	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) Druid Hill Park	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married.	8. DATE OF BIRTH Nov. 7, 1894
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY -	9. AGE (In years last birthday) 77
13. FATHER'S NAME -		11. BIRTHPLACE (State or foreign country) md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? -	
16. SOCIAL SECURITY NO. -		14. MOTHER'S MAIDEN NAME ?	
17. INFORMANT Alfred F. Butcher, Druid Hill Park.		ADDRESS	

18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH Years
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Carcinoma of rt + lt breasts 5 yrs.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hypertensive Arteriosclerotic Heart Disease		10 years

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) -	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) -		
21D. TIME (Month) (Day) (Year) (Hour) INJURY -	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? -		
22. I hereby certify that I attended the deceased from 5/3 , 19 52 to 6/27 , 19 52 , that I last saw the deceased alive on 6/3/52 and that death occurred at m. , from the causes and on the date stated above.				
23A. SIGNATURE Perry F. [illegible]		23B. ADDRESS 25. Reed St		23C. DATE SIGNED 6/27/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/30/52	24C. NAME OF CEMETERY OR CREMATORY Paplar	24D. LOCATION (City, town, or county) (State) Baltimore Co.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 28 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Paul C. Schenck, 3615-17 Chestnut Ave		

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DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

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WILLIAM A. B. B. B.

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2 5948BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5948
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		John Drexler		June 27, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1921 Collington Ave			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1889	9. AGE (in years last birthday) 63	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Marine, Marine		10B. KIND OF BUSINESS OR INDUSTRY Bedding		11. BIRTHPLACE (State or foreign country) Md.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 161X CAUSE OF DEATH Extrinsic Carcinoma of lungs DUE TO metastasis to left hemibronchus inoperable INTERVAL BETWEEN ONSET AND DEATH		19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ch. hypertensive heart disease			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-18-1951 to 6-27-1952, that I last saw the deceased alive on 6-27-1952 and that death occurred at 3:40 P. M., from the causes and on the date stated above.					
23A. SIGNATURE Mortimer Lee William M.D.		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED June 27, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE July 15, 1952	24C. NAME OF CEMETERY OR CREMATORY Baltimore	24D. LOCATION (City, town, county) (State) E. North Ave. Ext.		
DATE RECEIVED BY LOCAL REGISTRAR JUN 28 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Leah Cook, 1532 Patterson Park Ave	

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52 5949

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5949

BIRTH NO.			1. NAME OF DECEASED (Type or Print) LOUIS P. LOWRY			2. DATE OF DEATH June 25, 1952			
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore						
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore						
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 7617 Carson Avenue						
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH July 27 th 1901	9. AGE (In years last birthday) 51	11. BIRTHPLACE (State or foreign country) Md			12. CITIZEN OF WHAT COUNTRY? U.S.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10B. KIND OF BUSINESS OR INDUSTRY gen.						
13. FATHER'S NAME Wm Lowry			14. MOTHER'S MAIDEN NAME —						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Mrs. M. Kenzie 221 N. ...			

MEDICAL CERTIFICATION

18. E802X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Multiple fractures X5336X		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Crushing injury of chest			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Railroad tracks		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 6541 Eastern Avenue Rear of Container Corporation of America	
21D. TIME (Month) (Day) (Year) (Hour) June 25, 1952 3:00 A. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Struck by a Diesel engine 265	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley B. ... M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED June 25, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE July 30 th 1952		24C. NAME OF CEMETERY OR CREMATORY Baltimore National	
DATE RECEIVED BY LOCAL REGISTRAR JUN 28 1952		REGISTRAR'S SIGNATURE Huntington Williams		24D. LOCATION (City, town, or county) (State) Frederick Road	
		25. FUNERAL DIRECTOR H. B. Patterson		ADDRESS P.O. Box ...	

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UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 5950

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ZACK

FRAZIER

2. DATE
OF
DEATH

June 23, 1952

3. PLACE OF DEATH:

A. **Baltimore City, Maryland**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Morgue

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1224 Shields Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 4 1894

9. AGE (In years last birthday)

58

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Coverasher

11. BIRTHPLACE (State or foreign country)

Benton N. J.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Wm. Frazier

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Alma Powell

ADDRESS

928 Chyle Ave

CAUSE OF DEATH

18. **581.0**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Fatty Liver**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

11
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Duncanson M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐

23C. DATE SIGNED

6/23/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 30 52

24C. NAME OF CEMETERY OR CREMATORY

Balts. National Cemetery

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Adolphus H. Hester

ADDRESS

918 Broad Hill

0703

23

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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320
5951BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5951

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY C HATCH.

2. DATE
OF
DEATH

6-27-52.

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTIMORE.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

417. WATTY CORT

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MARYLAND.

C. CITY OR TOWN (If outside corporate limits, write full name and give township)

BALTIMORE.

D. STREET ADDRESS (If rural, give location)

657 DOVER ST.

5. SEX

FEMALE.

6. COLOR OR RACE

COL

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

Yrs.
Mos.
Days

34

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

DOMESTIC

10B. KIND OF BUSINESS OR
INDUSTRY

HOUSE WORK

13. FATHER'S NAME

JAMES JENNINGS

MD,

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

11. BIRTHPLACE (State or foreign country)

A. A. County - Md

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

RACHEL HARRIS MD,

17. INFORMANT

ADDRESS

MOSES HATCH. 657 DOVER ST.

18. 170X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Heart failure

DUE TO

- ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Cancer of
the left breast.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 19 2, to June 27, 1952 that I last saw the
deceased alive on 19 and that death occurred at P. A. m., from the causes and on the date stated above.

23A. SIGNATURE

D. Ankeetos M. D.

23B. ADDRESS

910 W. Lombard St.

23C. DATE SIGNED

27.6.52.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

6-29-52

24C. NAME OF CEMETERY OR CREMATORY

TOWN NECK. CEMETRY.

24D. LOCATION (City, town, or county)

A. A. County

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 28 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

WILLIAM A JACKSON

ADDRESS

916 PENNA. AVE.

1000 51

STAN

UNITED

1950

425
5952
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5952
Registered No.

1. NAME OF DECEASED (Type or Print) Era W. Cullison		2. DATE OF DEATH June 27-52	
3. PLACE OF DEATH: a. Baltimore City, Maryland Balto.		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Md. B. COUNTY 6-01	
b. FULL NAME OF HOSPITAL OR INSTITUTION 500 N. East Ave		c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Balto.	
c. Length of stay in Baltimore 24 yrs.		d. STREET ADDRESS (If rural, give location) 2 N. Potomac St.	
5. SEX F.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan 26 1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Milliner		9. AGE (In years last birthday) 62	
10b. KIND OF BUSINESS OR INDUSTRY May Bros. Inc.		11. BIRTHPLACE (State or foreign country) Smith Island Md.	
13. FATHER'S NAME John Sneed		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		14. MOTHER'S MAIDEN NAME Margaret E.	
16. SOCIAL SECURITY NO. 218-01-4217		17. INFORMANT George M. Wible	
18. 180X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Metastases		ADDRESS 6224 Fairdale Ave.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Renal malignancy - metastases		INTERVAL BETWEEN ONSET AND DEATH 48 hrs.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Inanition			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
TIME (Month) (Day) (Year) (Hour) June 26, 1952, 10:2 a.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 16, 1952 to June 27, 1952 , that I last saw the deceased alive on June 26, 1952 , and that death occurred at 10:2 a.m. from the causes and on the date stated above.			
23A. SIGNATURE John F. Leisenger		23B. ADDRESS 1120 St Paul St.	
23C. DATE SIGNED June 27-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 30-52	
24C. NAME OF CEMETERY OR CREMATORY Cristfield Cem.		24D. LOCATION (City, town, or county) (State) Cristfield Md	
DATE RECEIVED BY LOCAL REGISTRAR JUN 28 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
VS 150		25. FUNERAL DIRECTOR H. Harrold Bradshaw	
		ADDRESS Cristfield Md.	

MEDICAL CERTIFICATION

2936 E Baltimore
John F. Cillsparger MD

635
52 5953
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5953

1. NAME OF DECEASED (Type or Print) Erdman, Mary Elizabeth		2. DATE OF DEATH June 27, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore #6 D. STREET ADDRESS (If rural, give location) 7522 Belair Road	
5. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		6. DATE OF BIRTH May 5, 1889	
7. LENGTH OF stay in Baltimore 4 1/2		8. AGE (in years last birthday) 63	
9. SEX Female		9. Under 1 Year Months: Days 63	
10. COLOR OR RACE White		10. Under 24 Hours Hours: Min. 63	
11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		11. BIRTHPLACE (State or foreign country) Maryland	
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		12. CITIZEN OF WHAT COUNTRY? Maryland	
13. KIND OF BUSINESS OR INDUSTRY Own home		13. MOTHER'S MAIDEN NAME Elizabeth F.	
14. FATHER'S NAME Charles Edward Erdman		14. INFORMANT Mr. Charles F. Erdman - same	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		15. SOCIAL SECURITY NO. 5300	
16. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 443X and 260X		16. CAUSE OF DEATH Central Vascular Accident.	
17. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive Arteriosclerotic CV Disease		17. INTERVAL BETWEEN ONSET AND DEATH Several Months	
18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. II		18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes Mellitus	
19A. DATE OF OPERATION 6/30/52		19B. MAJOR FINDINGS OF OPERATION Scattered Metastases	
20A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH No		20B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home	
20C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Home		20D. HOW DID INJURY OCCUR? Stroke	
21A. TIME (Month) (Day) (Year) (Hour) June 27, 1952, 2:30 PM		21B. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from June 23, 1952, to June 27, 1952, that I last saw the deceased alive on June 27, 1952, and that death occurred at 2:30 PM, from the causes and on the date stated above.		22. I hereby certify that I attended the deceased from June 23, 1952, to June 27, 1952, that I last saw the deceased alive on June 27, 1952, and that death occurred at 2:30 PM, from the causes and on the date stated above.	
23A. SIGNATURE E. P. Coffey Jr.		23B. ADDRESS 1100 N. Caroline Street	
23C. DATE SIGNED June 27, 1952		23D. NAME OF CEMETERY OR CREMATORY New Cathedral	
23E. LOCATION (City, town, or county) Baltimore		23F. STATE Md.	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/30/52	
24C. REGISTRAR'S SIGNATURE Thurston Williams, M.D.		24D. FUNERAL DIRECTOR L. J. Cook	
24E. ADDRESS 5305 Hanford Rd		24F. DATE RECEIVED BY LOCAL REGISTRAR JUN 28 1952	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5955**

BIRTH NO. 262 52 5955		1. NAME OF DECEASED (Type or Print) LANGFORD ALLEN VICKERS		2. DATE OF DEATH June 26, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2827 Northern Parkway		C. CITY OR TOWN (If outside corporate limits, write R.U.M.C. and give township) Baltimore			
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2827 Northern Parkway			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb. 14, 1880	9. AGE (in years last birthday) 72	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Furnishings		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kent County, Maryland	
13. FATHER'S NAME John Edes Vickers		14. MOTHER'S MAIDEN NAME Mary Anna Ozman		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Parkway Miss Mary E. Vickers, 2827 Northern	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Infarction of Myocardium DUE TO Arteriosclerotic Coronary (B) the arteries DUE TO genl arteriosclerosis (C) Benign Prostatic hypertrophy	INTERVAL BETWEEN ONSET AND DEATH 2 wks
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION	

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6/11/52 , 1952 to June 26 , 1952 that I last saw the deceased alive on June 18 , 1952 and that death occurred at 10:00 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE Donald H. Minter M. D.		23B. ADDRESS 3009 Evergreen Ave		23C. DATE SIGNED June 27 1952	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/29/52	24C. NAME OF CEMETERY OR CREMATORY Old St. Paul's Cem.	24D. LOCATION (City, town, or county) (State) Kent County, Maryland
DATE RECEIVED BY LOCAL HEALTH DEPT. JUN 28 1952		REGISTRAR'S SIGNATURE Huntington W. Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Leonard J. Rack, 5305 Harford Road.

4906G

MEDICAL CERTIFICATION

4/11/15

15

Green (Wisteria)

15

15

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5954
Registered No. _____

200
52 5954

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
JULIA GRACE COX		June 27, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 738 East 36th Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 738 East 36th Street	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 9, 1874
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		9. AGE (in years last birthday) 77	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Sparks, Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Thomas Merryman		14. MOTHER'S MAIDEN NAME Martha Gerber	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS Mr. Elisha W. Cox, 738 East 36th St.	

18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) Myocarditis		2 years	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Cardiovascular Hypertension		2 years	
		(C) Parkinsonian Syndrome?			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June, 1950, to June 26, 1954 that I last saw the deceased alive on June 26, 1952 and that death occurred at 2:30 A.M., from the causes and on the date stated above.					
23A. SIGNATURE Dr. S. H. Saranau		23B. ADDRESS 436 E. Fort Ave		23C. DATE SIGNED 6/27/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/30/52		24C. NAME OF CEMETERY OR CREMATORY Moreland Home Park	
DATE RECEIVED BY LOCAL REGISTRAR JUN 28 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
		24E. FUNERAL DIRECTOR Leonard J. Buck		ADDRESS 5305 Harford Road.	

STATE OF NEW YORK

IN SENATE

JANUARY 10, 1901

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

FOR THE YEAR 1900

ALBANY:

ANDREW D. DODD, PRINTER

1901

NEW YORK

STATE OF NEW YORK

IN SENATE

JANUARY 10, 1901

REPORT

OF THE

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FOR THE YEAR 1900

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OF THE

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FOR THE YEAR 1900

ALBANY:

ANDREW D. DODD, PRINTER

1901

NEW YORK

STATE OF NEW YORK

IN SENATE

JANUARY 10, 1901

552
2 5957

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5957

1. NAME OF DECEASED (Type or Print) Dorette Simons		2. DATE OF DEATH June 25/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2522 Emerson St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 2522 Emerson St.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 29, 1892
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.		10B. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE (In years last birthday) 60
13. FATHER'S NAME Frederick Reitz		14. MOTHER'S MAIDEN NAME Helen Mahlman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	12. CITIZEN OF WHAT COUNTRY?
17. INFORMANT Charles S. Simons, 2522 Emerson St		ADDRESS	
18. 433.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Adams Stokes DUE TO Complete 2nd and 3rd		INTERVAL BETWEEN ONSET AND DEATH June 1, 52	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO	
(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 1st 52 , 19 52 , to June 25, 1952 , that I last saw the deceased alive on June 25, 1952 and that death occurred at 10 A m. , from the causes and on the date stated above.			
23A. SIGNATURE Charles S. Simons		23B. ADDRESS 2145 W Baltimore St	23C. DATE SIGNED 6/26/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE June 28/52	24C. NAME OF CEMETERY OR CREMATORY Lorraine Pk.	24D. LOCATION (City, town, or county) (State) Woodlawn, Md.
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE P 9 5 2 0	25. FUNERAL DIRECTOR Harold R. Smith	ADDRESS 4101 Edmondson Ave.

MEDICAL CERTIFICATION

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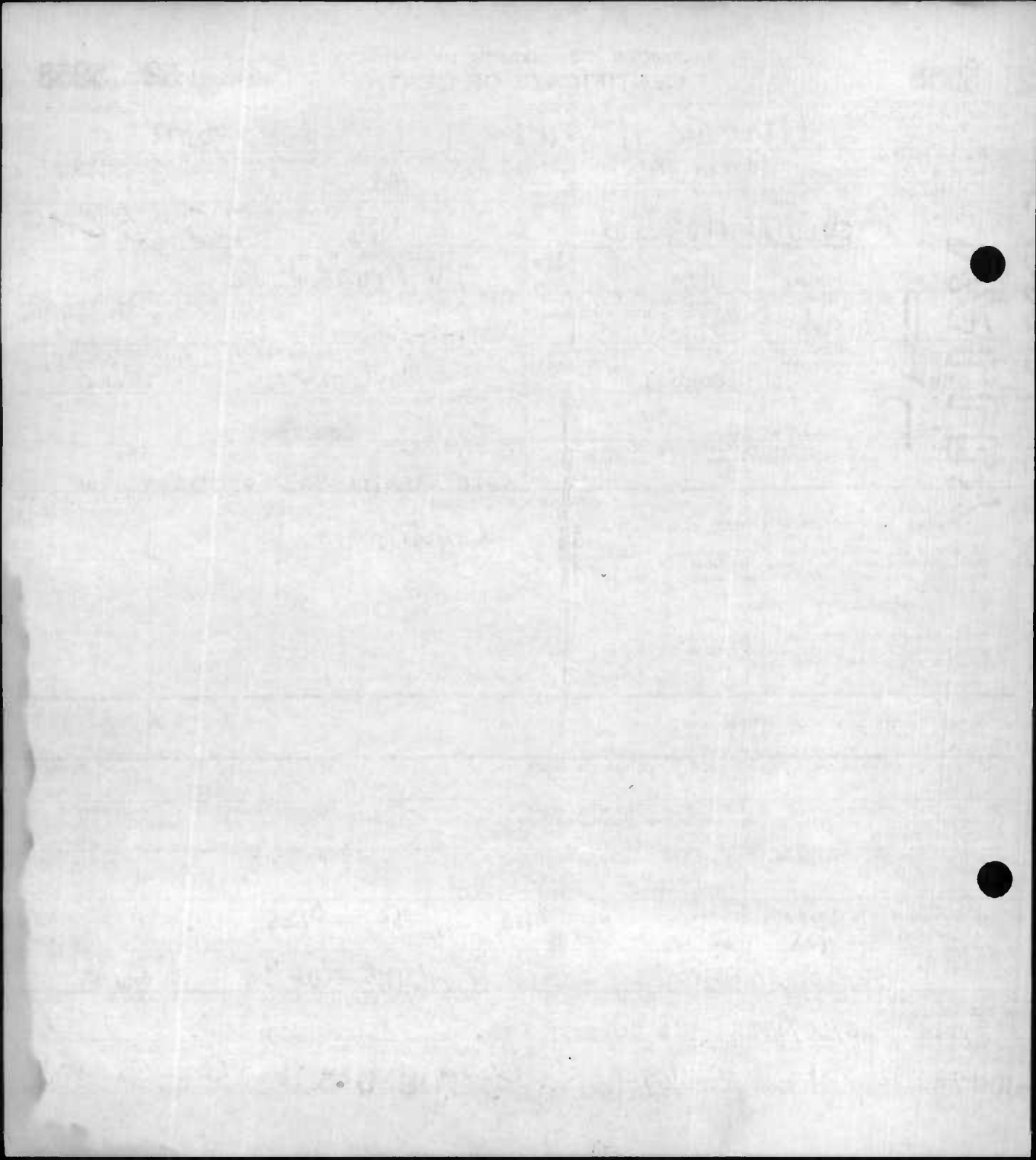
**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5958**

2 52
5958

1. NAME OF DECEASED (Type or Print) Herman Haskins		2. DATE OF DEATH 6/25/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto, Md.		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 25-32	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 730 Roundview Rd	
5. SEX M.	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug.-7-1933
9. AGE (In years last birthday) 18		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
11. BIRTHPLACE (State or foreign country) Balto, Md		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Ernest Linwood		14. MOTHER'S MAIDEN NAME Cora Lee	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Cora Haskins 730 Roundview Road		ADDRESS	
18. 053.4 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Septicemia (A) DUE TO ANTECEDENT CAUSES (B) DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6/18 , 19 52 to 6/25 , 19 52 that I last saw the deceased alive on 6/25 , 19 52 and that death occurred at 7:49p m., from the causes and on the date stated above.			
23A. SIGNATURE S. Boniondski		23B. ADDRESS Provident Hospital	
23C. DATE SIGNED 6/26/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/28/1952	
24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.		24D. LOCATION (City, town, or county) (State) Brooklyn Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 28 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
FUNERAL DIRECTOR Elmer Wilson 1000 Brantley ave		ADDRESS	

MEDICAL CERTIFICATION



0270 23

0270

Bellevue

2200 N. 1st St.

Dec. 25, 1903

U.S.A.

Bellevue, W.

Everett, Wash.

21-05-11 Mr. J. H. Johnson, 115 1st Ave.

A. A. Conroy, Jr.

Bellevue, W.

Jan. 1, 1904

111 1st Ave.

430
2 5960
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5960
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Lurie O. Field</i>			2. DATE OF DEATH <i>6/27/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY <i>9-07</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Sindi Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>2610 Aisquith St.</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	8. DATE OF BIRTH <i>Aug. 26, 1866</i>	9. AGE (in years, months, days) <i>85</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			11. BIRTHPLACE (State or foreign country) <i>Georgia</i>		
10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>John Bishop</i>			14. MOTHER'S MAIDEN NAME <i>Unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>-</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Mrs. Tyler Deuber - 4400 Sidehill Rd.</i>			ADDRESS		

18. <i>420.1</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)	(A) <i>Coronary Occlusion</i> DUE TO	
ANTECEDENT CAUSES	(B) <i>Coronary Artery disease</i> DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>7/1</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>home</i>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>Baltimore, Md.</i>
21D. TIME (Month) (Day) (Year) (Hour) <i>6/20/52</i>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <i>Fall</i>
22. I hereby certify that I attended the deceased from <i>6/21</i> , 19 <i>52</i> , to <i>6/27</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>6/21</i> , 19 <i>52</i> , and that death occurred at <i>3954</i> m., from the causes and on the date stated above.		
23A. SIGNATURE <i>David Salomon</i> M. D.	23B. ADDRESS <i>Sindi Hosp</i>	23C. DATE SIGNED <i>6/27/52</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>6/30/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Woodlawn Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Woodlawn, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 28 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Mr. J. T. Tinkner & Sons</i>	ADDRESS <i>Baile 17, Md</i>

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2 5961BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5961

1. NAME OF DECEASED (Type or Print) M. Mrs. Gertrude/Lauer		2. DATE OF DEATH June 27, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore 23		
B. FULL NAME OF HOSPITAL OR INSTITUTION Bon Secours Hospital - OUTPATIENT		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 23		
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2723 W. Baltimore St.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 10-27-91	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) general housework		10B. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (in years last birthday) 60	
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME William Hogan		14. MOTHER'S MAIDEN NAME Elizabeth Phillippi		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 216-01-4321		
17. INFORMANT Son, Mr. Michael Lauer - 2723 W. Balto. St.		ADDRESS		
18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Congestive Heart Failure DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Arteriosclerotic heart disease 5 yrs. DUE TO (C)				INTERVAL BETWEEN ONSET AND DEATH Acute
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour)		
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Dec. , 1952, to June , 1952, that I last saw the deceased alive on 6/16 , 1952, and that death occurred at 9:20 A.M. , from the causes and on the date stated above.				
23A. SIGNATURE C. Edward Luech		23B. ADDRESS 14 E. Eager St.		
23C. DATE SIGNED 6/27/52		23D. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.		
23E. LOCATION (City, town, or county) (State) Balto., Md.		23F. DATE RECEIVED BY LOCAL REGISTRAR JUN 28 1952		
23G. REGISTRAR'S SIGNATURE Huntington Williams, M.D.		23H. FUNERAL DIRECTOR Wm. J. Lickner & Sons		
23I. ADDRESS Back 17, Md.		23J. VS 150		

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5962**

240
52 5962
BIRTH NO.

1. NAME OF DECEASED (Type or Print) DANIEL MacLEA		2. DATE OF DEATH June 26, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4301 Greenway		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 4301 Greenway	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb. 2, 1870
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chairman Board		10B. KIND OF BUSINESS OR INDUSTRY Lumber	9. AGE (in years last birthday) 82
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME William Headlan MacLea		14. MOTHER'S MAIDEN NAME Hester Lidiard	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) none		16. SOCIAL SECURITY NUMBER 212-16-6199	
17. INFORMANT Mr. D. Carlisle MacLea-5308 Tilbury Way		ADDRESS	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Coronary Thrombosis DUE TO (B) Arteriosclerosis DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 6 days ? yrs.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **2/16/49**, 19__ to **6/26/52**, 19__, that I last saw the deceased alive on **6/26/52**, 19__, and that death occurred at **1 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE Francis W. Kluck	23B. ADDRESS 100 W University Pkwy	23C. DATE SIGNED 6/28/52
M. D.		

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/28/52	24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.
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DATE RECEIVED BY LOCAL REGISTRAR JUN 28 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm. J. Lickner & Sons	ADDRESS Balto 17, Md.
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MEDICAL CERTIFICATION

1848

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52 5963

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5963
Registered No.

1. NAME OF DECEASED (Type or Print) ALEXANDER KUNST		2. DATE OF DEATH June 27, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3718 Milford Ave.		C. CITY OR TOWN (If outside corporate limits, write R.R. and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3718 Milford Ave.	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb. 17, 1869
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet Maker		10B. KIND OF BUSINESS OR INDUSTRY Furniture	9. AGE (In years last birthday) 83
11. BIRTHPLACE (State or foreign country) Austria		12. CITIZEN OF WHAT COUNTRY Austria	
13. FATHER'S NAME Alexander Kunst		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT Mr. Herbert A. Kunst - 3718 Milford Ave.		ADDRESS	

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Anterior - Septal Heart Disease	CAUSE OF DEATH (A) Broncho - Pneumonia DUE TO (B) Anterior - Septal Heart Disease DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 10 days 5 yrs. 5 yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Chronic Infectious Arthritis		

19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **10-11**, 19**50**, to **6-27**, 19**52**; that I last saw the deceased alive on **6-24**, 19**52**, and that death occurred at **11:45** p. m., from the causes and on the date stated above.

23A. SIGNATURE Paul L. Chambers	23B. ADDRESS 4108 Liberty Hts. C.	23C. DATE SIGNED 6-28-52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/30/52	24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.
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DATE RECEIVED BY LOCAL REGISTRAR JUN 28 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR John G. Scherer & Sons	ADDRESS Balto 17, Md.
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424

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5964**

450
2 5964
BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARGARET BLUME		2. DATE OF DEATH June 27, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 4032 Belle Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 4032 Belle Ave.	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 12, 1878
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (In years last birthday) 74
13. FATHER'S NAME Rudolph Langer		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) none		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mr. Albert Blume - 4032 Belle Ave.	

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CURESP & HEMORRHAGE		INTERVAL BETWEEN ONSET AND DEATH ONE HOUR
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CURESPAL ACUTE SCURFUS		2 YRS
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from MAY - 22 , 19 52 to JUNE 27 , 19 52 that I last saw the deceased alive on JUNE 27 , 19 52 and that death occurred at 11:32 A.M., from the causes and on the date stated above.					
23A. SIGNATURE Stuart D. Soley		23B. ADDRESS 201 EAST 37th ST.		23C. DATE SIGNED 6/28/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/30/52		24C. NAME OF CEMETERY OR CREMATORY Lorraine Maus.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 28 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Wm. J. Schenker & Sons	
VS 150				ADDRESS Balto 17, Md.	

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Race	
4. Date of Birth		5. Date of Death		6. Place of Birth	
7. Usual Residence		8. Cause of Death		9. Manner of Death	
10. Physician		11. Burial Place		12. Signature of Registrar	
13. Signature of Medical Examiner		14. Signature of Coroner		15. Signature of Clerk	
16. Signature of Nurse		17. Signature of Undertaker		18. Signature of Witness	
19. Signature of Family		20. Signature of Friends		21. Signature of Neighbors	
22. Signature of Community		23. Signature of Church		24. Signature of School	
25. Signature of Other		26. Signature of Other		27. Signature of Other	
28. Signature of Other		29. Signature of Other		30. Signature of Other	
31. Signature of Other		32. Signature of Other		33. Signature of Other	
34. Signature of Other		35. Signature of Other		36. Signature of Other	
37. Signature of Other		38. Signature of Other		39. Signature of Other	
40. Signature of Other		41. Signature of Other		42. Signature of Other	
43. Signature of Other		44. Signature of Other		45. Signature of Other	
46. Signature of Other		47. Signature of Other		48. Signature of Other	
49. Signature of Other		50. Signature of Other		51. Signature of Other	
52. Signature of Other		53. Signature of Other		54. Signature of Other	
55. Signature of Other		56. Signature of Other		57. Signature of Other	
58. Signature of Other		59. Signature of Other		60. Signature of Other	
61. Signature of Other		62. Signature of Other		63. Signature of Other	
64. Signature of Other		65. Signature of Other		66. Signature of Other	
67. Signature of Other		68. Signature of Other		69. Signature of Other	
70. Signature of Other		71. Signature of Other		72. Signature of Other	
73. Signature of Other		74. Signature of Other		75. Signature of Other	
76. Signature of Other		77. Signature of Other		78. Signature of Other	
79. Signature of Other		80. Signature of Other		81. Signature of Other	
82. Signature of Other		83. Signature of Other		84. Signature of Other	
85. Signature of Other		86. Signature of Other		87. Signature of Other	
88. Signature of Other		89. Signature of Other		90. Signature of Other	
91. Signature of Other		92. Signature of Other		93. Signature of Other	
94. Signature of Other		95. Signature of Other		96. Signature of Other	
97. Signature of Other		98. Signature of Other		99. Signature of Other	
100. Signature of Other		101. Signature of Other		102. Signature of Other	

CERTIFICATE CORRECTED 7-9-52

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 5965

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lillian Hicks

2. DATE
OF
DEATH

6-27-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Md* COUNTY *Prince Georges*
C. CITY OR TOWN *Shadyside Md* (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

939 W. Saratoga St. 18-01

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

3-21-1901

9. AGE (In years
last birthday)

51

If Under 1 Year
Months Days

If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

Housework

11. BIRTHPLACE (State or foreign country)

Shadyside Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Scott

14. MOTHER'S MAIDEN NAME

Mary Shaw

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT *Bernard Hardisty Calverly Md* ADDRESS

18. *260X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) *Diabetes Mellitus*
DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *6-27*, 19*52*, to *6-27*, 19*52*, that I last saw the
deceased alive on *6-27*, 19*52*, and that death occurred at *2:00* p.m., from the causes and on the date stated above.

23A. SIGNATURE

Roger D. Scott

23B. ADDRESS

University Hospital

23C. DATE SIGNED

6-27-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Buried July 2 1952

24C. NAME OF CEMETERY OR CREMATORY

St Matthews

24D. LOCATION (City, town, or county) (State)

Churchtown a.c. Md

DATE RECEIVED BY REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

LOCAL REGISTRAR

June 26 1952 *Huntington William* *Bernard D. Hardisty Calverly Md*

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5966

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <u>Jane Abell Irvine</u>		2. DATE OF DEATH <u>June 26 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>1912 Eutan Pl</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>1224 Maryland Ave</u> B. COUNTY <u>Baltimore</u>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Twilight Nursing Home</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>14-01</u>			
C. Length of stay in Baltimore <u>Life</u>		D. STREET ADDRESS (If rural, give location) <u>1912 Eutan Place</u>			
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>July 8, 1880</u>	9. AGE (in years last birthday) <u>71</u>	If Under 1 Year Months: Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>		11. BIRTH PLACE (State or foreign country) <u>Baltimore, Md</u>	
13. FATHER'S NAME <u>Gaster P Irvine</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		14. MOTHER'S MAIDEN NAME <u>Mary T Irvine</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>52-814-614</u>		17. INFORMANT <u>Dottie Ellinger</u> ADDRESS <u>1912 Eutan Pl</u>	
18. <u>422.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>cardio-vascular disease due to</u> CAUSE TO <u>generalized arteriosclerosis</u>		CAUSE OF DEATH (A) <u>cardio-vascular disease due to</u> (B) <u>generalized arteriosclerosis</u> (C) <u>very poor eyesight</u>		INTERVAL BETWEEN ONSET AND DEATH <u>sev yrs.</u>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>very poor eyesight</u>		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>very poor eyesight</u>		sev yrs.	
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>50</u> , to <u>June 26</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>6-26</u> , 19 <u>52</u> , and that death occurred at <u>8:15 A</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>E Ellsworth Cook</u>		23B. ADDRESS <u>2431 MARYLAND AVENUE</u>		23C. DATE SIGNED <u>6-28-52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>June 30 1952</u>		24C. NAME OF CEMETERY OR CREMATORY <u>New Cathedral Cemetery</u>	
24D. LOCATION (City, town, or county) <u>Edmon Ave & Feid St</u>		24E. DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 28 1952</u>		24F. REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	
24G. FUNERAL DIRECTOR <u>David R. Wacker</u>		24H. ADDRESS <u>1902 Eutan Place</u>			

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3886

[Faint, mostly illegible text and lines on a death certificate form. The form includes sections for personal information, cause of death, and medical history. Two black circular punch holes are visible on the right side.]

CERTIFICATE CORRECTED 7-10-52

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 5967 Registered No. 52 5967

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) *Martha Craig*

2. DATE OF DEATH *June 27, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Med. Bldg 4*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *md.* B. COUNTY *Prince Georges*

B. FULL NAME OF HOSPITAL OR INSTITUTION *JOHNS HOPKINS HOSPITAL*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Lanham*

D. STREET ADDRESS (If rural, give location) *6600*

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female Colored

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *married*

8. DATE OF BIRTH

8-14-68

9. AGE (In years last birthday) *43*

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Housewife*

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) *Carlton, Md.*

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Thomas Contee

14. MOTHER'S MAIDEN NAME

Martha Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. *None*

17. INFORMANT ADDRESS

Wilbur Craig, Lanham, Maryland

18. *416x*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) *Rheumatic heart disease*
DUE TO

INTERVAL BETWEEN ONSET AND DEATH *8 months*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY
YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *5-16*, 19*52*, to *6-27*, 19*52*, that I last saw the deceased alive on *6-27*, 19*52*, and that death occurred at *5:15 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 28 1952

Huntington Williams, M.D.

Funeral Home

58 2807

CERTIFICATE OF DEATH

58 2807

[Faint, mostly illegible text and markings on a death certificate form. The form includes sections for personal information, cause of death, and medical history. There are two large black circular marks on the right side of the page.]

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52 5968
BIRTH NO. *Don Res*BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5968

1. NAME OF DECEASED (Type or Print) <i>Daniel Tomko</i>		2. DATE OF DEATH <i>June 26, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>St. L. St. 4 W</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Anne Arundel</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Johns Hopkins Hospital</i>		C. CITY OR TOWN, (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>5637 Bellgrove Rd.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Dec. 2, 1952</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (in years last birthday) <i>6</i> Months: <i>24</i> Days	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
13. FATHER'S NAME <i>Frank Tomko</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME <i>Dorale Britton</i>	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>491X</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Bronchopneumonia</i> DUE TO	
ANTECEDENT CAUSES	(B) <i>and. Cystic Congenital Heart Disease (Dextrocardia).</i> DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>6-26</i> , 19 <i>52</i> , to <i>6-26</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>6-26</i> , 19 <i>52</i> , and that death occurred at <i>11:45 P.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>Ruth M. Phillips</i> M. D.	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>6/27/52</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>June 28, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Glen Haven</i>	24D. LOCATION (City, town, or county) (State) <i>Glen Burnie, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 28 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>W. Singleton</i>	ADDRESS <i>Glen Burnie</i>

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CERTIFICATE OF DEATH

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Name of Deceased		Date of Birth	
Sex		Race	
Place of Birth		Date of Death	
Cause of Death		Place of Death	
Signature of Physician		Signature of Registrar	
Signature of Coroner		Signature of Medical Examiner	
Signature of Burial Officer		Signature of Cemetery	
Signature of Funeral Home		Signature of Undertaker	
Signature of Family		Signature of Friends	
Signature of Church		Signature of Community	
Signature of State		Signature of Nation	



552

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5969

BIRTH NO. 5969

1. NAME OF DECEASED (Type or Print) PATRICIA A. LANNING			2. DATE OF DEATH June 27, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Anne Arundel		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Maryland General Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Severn		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 167 Telegraph Road		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 2/2/1937		9. AGE (In years last birthday) 15
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student			11. BIRTHPLACE (State or foreign country) Riddley Park, Pa.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Larry Lanning			14. MOTHER'S MAIDEN NAME Margaret Gavin		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) -			16. SOCIAL SECURITY NO. -		
17. INFORMANT Larry Lanning - Severn, Md.			ADDRESS		

18. E902.7 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Fat Embolus DUE TO (B) Fracture of Pelvis and Femur DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) school		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Montrose School for Girls Reisterstown, Maryland 5300	
21D. TIME (Month) (Day) (Year) (Hour) June 19, 1952		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? In attempted escape, jumped from 3rd story window to ground.	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley H. Deanecker M.D.		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 6/28/52	

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE July 31 1952		24C. NAME OF CEMETERY OR CREMATORY Glen Haven		24D. LOCATION (City, town, or county) (State) Glen Burnie, AA, Md	
DATE RECEIVED BY LOCAL REGISTRAR JUN 28 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR W. V. C. Singleton		ADDRESS W. V. C. Singleton, Md	

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5970
Registered No. **52 5970**

1. NAME OF DECEASED (Type or Print) ROSALIE CIMINO		2. DATE OF DEATH June 25, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 9-07	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore life		D. STREET ADDRESS (If rural, give location) 2534 Harford Road - 18	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 29th. 1903
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE (in years last birthday) 48 If Under 1 Year: Months 6 Days 26 If Under 24 Hours: Hours 26 Min.
13. FATHER'S NAME Anthony Mileo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. ?	
17. INFORMANT Mr. Andrew R. Cimino		ADDRESS 2538 Harford Rd.	

18. 155X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma Liver - DUE TO Primary -		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from May 30th, 1952, to June 25, 1952 that I last saw the deceased alive on June 25 1952 and that death occurred at 11:05 pm., from the causes and on the date stated above.

23A. SIGNATURE A. A. Acca	23B. ADDRESS 1400 N. Caroline Street - 13	23C. DATE SIGNED June 25, 1952
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6-30-52	24C. NAME OF CEMETERY OR CREMATORY Most Holy Redeemer	24D. LOCATION (City, town, or county) (State) Belair Rd. Balto: Md.
DATE RECEIVED BY LOCAL REGISTRAR JUN 28 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS George J. Ruth, Inc. - 1735 Harford Avenue

UNITED STATES DEPARTMENT OF THE ARMY
CENTRAL FILE FOR DATA

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5971**

220
BIRTH NO. **5971**

5204

1. NAME OF DECEASED (Type or Print) Julia Ksiagetz			2. DATE OF DEATH June 28		
3. PLACE OF DEATH: A. Baltimore City, Maryland 2822 Elliott St			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.		
c. Length of stay in Baltimore 3 yrs			D. STREET ADDRESS (If rural, give location) 2822 Elliott St		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Sept 21		9. AGE (in years last birthday) 64
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Jacob Pagoda			14. MOTHER'S MAIDEN NAME unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mare Zboyan 2822 Elliott		
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) hypertensive brain - over disease			CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 3 1/2
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. seen long anemia			(B) seen long anemia		1 1/2
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6/26/52 , to 6/28/52 , that I last saw the deceased alive on 6/28/52 , and that death occurred at 5:20 m., from the causes and on the date stated above.					
23A. SIGNATURE Theodore F. Kunkin		M. D. 1952		23B. ADDRESS 1076 S. Enoch	
23C. DATE SIGNED 6/28/52					
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE July 4/52	24C. NAME OF CEMETERY OR CREMATORY St. Margaret New Jersey		24D. LOCATION (City, town, or county) (State) South River New Jersey	
DATE RECEIVED BY LOCAL REGISTRAR JUN 28 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Stephen J. Tralowski Inc 1800 S. Kenwood Ave	

MEDICAL CERTIFICATION

1991

15

CERTIFICATE OF DEATH

4

530
52 5972

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 52 5972

1. NAME OF DECEASED (Type or Print) <u>Smith, William Walter</u>		2. DATE OF DEATH <u>June 28, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>White Marsh</u>	
C. Length of stay in Baltimore <u>Life</u>		D. STREET ADDRESS (If rural, give location) <u>5300</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 12-1875</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Auto dealer</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Auto Dealer</u>	9. AGE (in years last birthday) <u>76</u>
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John Smith</u>		14. MOTHER'S MAIDEN NAME <u>Klausmeyer</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Mrs W. W. Smith</u>		ADDRESS <u>Rhila Rd. Whitmarsh</u>	
18. <u>443X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Cerebral vascular accident</u> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Hypertensive arteriosclerotic cardiovascular disease</u> DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>June 17</u> , 1952, to <u>June 28</u> , 1952, that I last saw the deceased alive on <u>June 28, 1952</u> , and that death occurred at <u>8:00 a.m.</u> , from the causes and on the date stated above.			
23A. SIGNATURE <u>Diagno</u>		23B. ADDRESS <u>1400 N. Caroline Street</u>	
23C. DATE SIGNED <u>June 28, 1952</u>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>7/1/52</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>St Michael's Lutheran</u>		24D. LOCATION (City, town, or county) (State) <u>Balto Md</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 28 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>	
25. FUNERAL DIRECTOR <u>General Home</u>		ADDRESS <u>7401 Belair Rd</u>	

MEDICAL CERTIFICATION

5782

57

STATION TO THE SOUTH

5782



55
52 5973BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5973
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Catherine THILMANY</i>		2. DATE OF DEATH <i>6.28.52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Baltimore</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Lid. General Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>8-01</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>3209 Lawnview #13</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>m.</i>	8. DATE OF BIRTH <i>1887</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>n.w.</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>64</i> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Larrie Bretz</i>		14. MOTHER'S MAIDEN NAME <i>Catherine Ott</i> ✓	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. *446X and 002X*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Nephrosclerosis

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

*Possible pulmonary T.b.c.
Acute cholecystitis.*

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>6.12</i> , 1952 to <i>6.28</i> , 1952 that I last saw the deceased alive on <i>6.28</i> , 1952, and that death occurred at <i>7:00 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Se-jin Lin</i>		23B. ADDRESS <i>Lid. General Hospital</i>		23C. DATE SIGNED <i>6.28.52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>7-2-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>		25. FUNERAL DIRECTOR <i>L. J. Rack & Sons 5305 Hayford Rd.</i>			

DATE RECEIVED BY LOCAL REGISTRAR

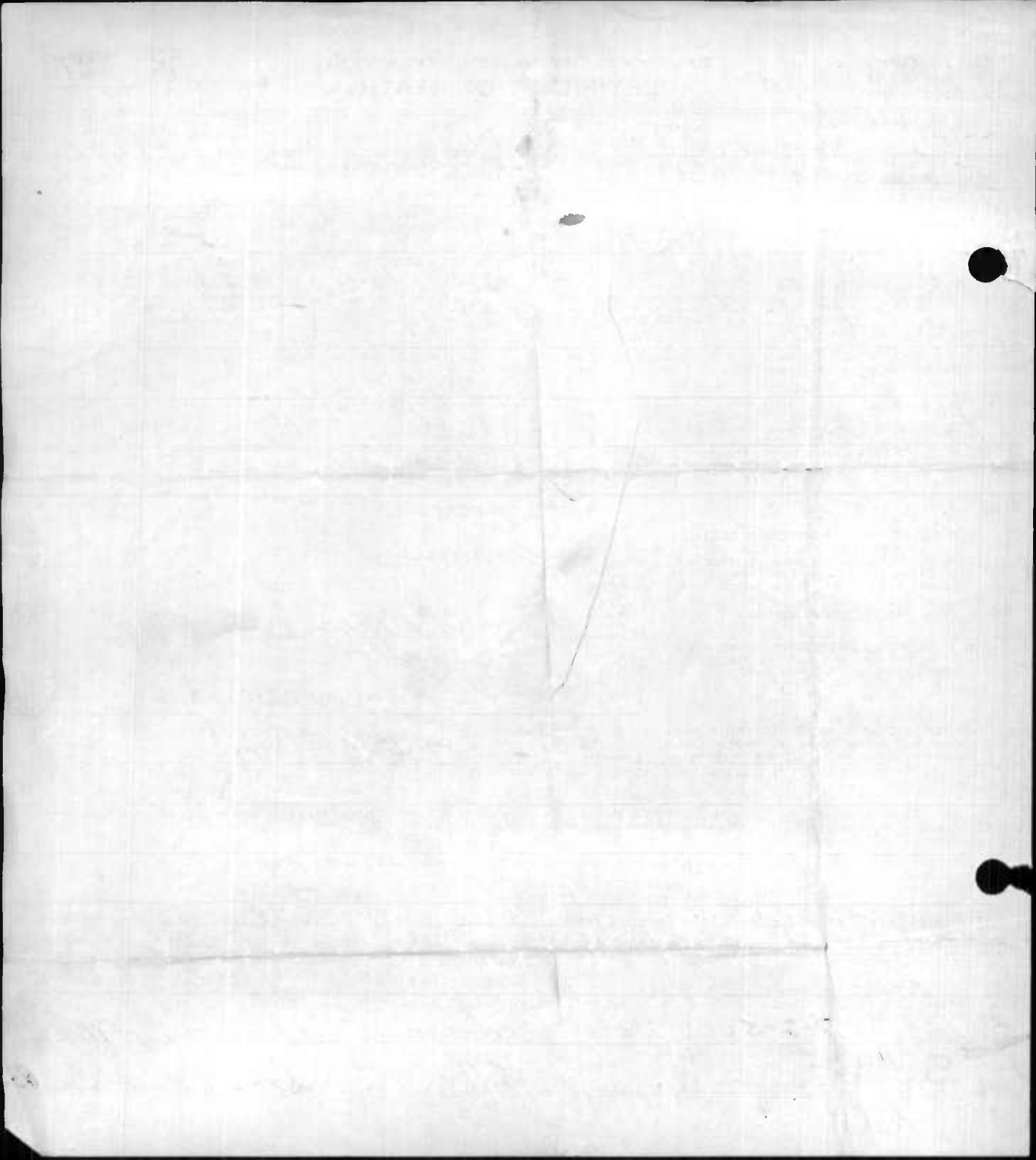
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 29 1952

VS 150



256
52 5974BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5974
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Emma M. Messinger</i>		2. DATE OF DEATH <i>June 27, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>5222 Traymore Rd</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-03</i>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>5222 Traymore Rd</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	8. DATE OF BIRTH <i>Oct 9 1875</i>
9. AGE (in years last birthday) <i>76</i>		10. Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>At Home</i>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>Levi Snyder</i>		14. MOTHER'S MAIDEN NAME <i>Mary Klinefelter</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mr. Wilfred B. Starr</i>		ADDRESS <i>5222 Traymore Rd</i>	
18. <i>332X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Cerebral Thrombosis</i> DUE TO (B) <i>Arteriosclerosis, generalized</i> DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH <i>8 hrs</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Aug</i> , 19 <i>50</i> , to <i>6/27</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>6/27</i> , 19 <i>52</i> , and that death occurred at <i>9:30 P.M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Charles J. Blaseh</i>		23B. ADDRESS <i>101 E. Biddle St</i>	
23C. DATE SIGNED <i>6/28/52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>6/30/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Luthern Cemetery</i>		24D. LOCATION (City, town, or county) (State) <i>Shrewsbury Pa</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 29 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
25. FUNERAL DIRECTOR <i>W. J. Ruck & Sons</i>		ADDRESS <i>1305 Hartford Rd</i>	

2008 Ramblewood

300
52 5975BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5975
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Harry James Tait Jr.

2. DATE
OF
DEATH

June 28 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

5700 Hamlet Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)Maryland
Baltimore 27-06

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

5700 Hamlet Ave

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Oct. 25, 1904

9. AGE (in years
last birthday)

47

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Realtor

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Springfield Mass

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Harry James Tait - Sr.

14. MOTHER'S MAIDEN NAME

Blanche Susan Hare

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Helen A. Tait - 5700 Hamlet Ave

18. 581.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

CIRRHOSIS OF LIVER

14 Mos. +

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/23, 1951, to 6/28, 1952, that I last saw the
deceased alive on 6/26, 1952, and that death occurred at 5:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 29 1952

Huntington Williams, MD 4707K

4707K

TO : DIRECTOR, FBI (100-441100)

FROM : SAC, NEW YORK (100-100000)

SUBJECT: [Illegible]

RE: [Illegible]

DATE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

15. [Illegible]

16. [Illegible]

17. [Illegible]

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19. [Illegible]

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91. [Illegible]

92. [Illegible]

93. [Illegible]

94. [Illegible]

95. [Illegible]

96. [Illegible]

97. [Illegible]

98. [Illegible]

99. [Illegible]

100. [Illegible]

60
52 5976BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5976
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Catherine C. Huber

2. DATE
OF
DEATH

June 27th. 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION 1313 Homewood Avenue4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MarylandC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 9-09D. STREET ADDRESS (If rural, give location)
1313 Homewood Avenue

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

September 14, 1885

9. AGE (in years last birthday)

66

10. Under 1 Year

Months: 9 Days: 13

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Thomas McCreer

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

None

17. INFORMANT ADDRESS
Mrs. Catherine M. Jacobs-1313 Homewood Ave

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Heart Protuberant*
DUE TO

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Cardio-Vascular Renal Disease*
DUE TO
(C) *Arteriosclerosis*

7?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949 to 27 June, 1952 that I last saw the deceased alive on 27 June, 1952 and that death occurred at 5:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Samuel Scherper

M. D.

23B. ADDRESS

714 E. Preston St.

23C. DATE SIGNED

28 June 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6-30-1952

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Taylor Avenue, Balto:Co

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 29 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

George J. Ruth, Inc. 1735 Harford Avenue

ADDRESS

1950

1950

CERTIFICATE OF DEATH

DATE OF DEATH

DATE OF DEATH

NAME

NAME

AGE

1000 HAWAIIAN AVENUE

DATE OF DEATH

DATE

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52 5977

52 5977

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anna C. Davis

2. DATE
OF
DEATH 6-27-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)
A. ~~MARY~~ Maryland B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION 2033 E. Oliver StreetC. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

C. Length of stay in Baltimore

Life

Yrs.
Mos.
DaysD. STREET ADDRESS (If rural, give location)
2033 E. Oliver Street

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Oct. 18th. 1885

9. AGE (In years
last birthday)

66

10. Under 1 Year
Months: Days
8 911. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Seamstress10B. KIND OF BUSINESS OR
INDUSTRY
Umbrella Mfg.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Danial Sommerman

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
No None16. SOCIAL
SECURITY NO.

212-09-8383

17. INFORMANT
ADDRESS
Harry A. Davis-2033 E. Oliver Street

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Coronary occlusion*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Coronary insufficiency*
DUE TO(C) *Arteriosclerotic gangrene*II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.*Arteriosclerotic gangrene*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1950, to June 27, 1952 that I last saw the
deceased alive on June 20, 1952 and that death occurred at 6:45 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Conrad L. Rutter

23B. ADDRESS

M. D. 3120 Harford Rd

23C. DATE SIGNED

6/28/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

June 30, 1952

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

E. North Avenue, Balto: Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

George J. Ruth, Inc.-1735 Harford Avenue

JUN 29 1952

VS 150

69032

MEDICAL CERTIFICATION

UNITED STATES OF AMERICA
DEPARTMENT OF COMMERCE
BUREAU OF CUSTOMS

Form No. 100

DECLARATION

Importation of Goods

By

For

At

On

Value

Quantity

Rate

Total

Signature

Signature

Date

Place

Remarks

Remarks

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52 5978

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5978
Registered No.

1. NAME OF DECEASED (Type or Print)		JOSEPH KING		2. DATE OF DEATH June 26, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		17-03	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 514 Brune Street			
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) m	8. DATE OF BIRTH 6/17/1917	9. AGE (In years last birthday) 35	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		10B. KIND OF BUSINESS OR INDUSTRY Education		11. BIRTHPLACE (State or foreign country) Newbury S.C.	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13. FATHER'S NAME Samuel King		14. MOTHER'S MAIDEN NAME Florence	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) WW#2 Yes		16. SOCIAL SECURITY NO. 214-14-4983		17. INFORMANT Ann King (W) 216 Kings	
18. 581.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Patty liver		CAUSE OF DEATH Subcutaneous		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE H. Deuchacke M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED June 26, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/30/52		24C. NAME OF CEMETERY OR CREMATORY Bethesda Am	
24D. LOCATION (City, town, or county) Baltimore		24E. LOCATION (City, town, or county) Baltimore		24F. LOCATION (City, town, or county) Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR JUN 29 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR H. Deuchacke	
				ADDRESS 512	

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52 5979

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 52 5979
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Phillip Riehlly</i>		2. DATE OF DEATH <i>June 26, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Cal 6</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution) <i>Johns Hopkins Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>3506 Meadowside Rd.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>May 4, 1882</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (in years last birthday) <i>70</i>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>Patrick</i>	
14. MOTHER'S MAIDEN NAME <i>Ellen Orlaifer</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Hypertensive + Atherosclerotic cardiovascular disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>25 yrs</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>6-25, 1952</i> to <i>6-26, 1952</i> that I last saw the deceased alive on <i>6-26, 1952</i> and that death occurred at <i>11:20 P.M.</i> , from the causes and on the date stated above.					
22A. SIGNATURE <i>Thomas Franklin Williams, M.D.</i>		22B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		22C. DATE SIGNED <i>6/27/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>6/28/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>HOLY REDEEMER</i>	
24D. LOCATION (City, town, or county) <i>BALTIMORE</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 29 1952</i>		24F. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
24G. FUNERAL DIRECTOR <i>M. FAHEY & SONS</i>		24H. ADDRESS <i>401 SUFFOLK RD</i>		24I. MEDICAL CERTIFICATION	

100-100000-100000

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

10

TO : DIRECTOR, FBI (100-100000-100000)

FROM : SAC, NEW YORK (100-100000-100000)

SUBJECT: [Illegible]

RE: [Illegible]

DATE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

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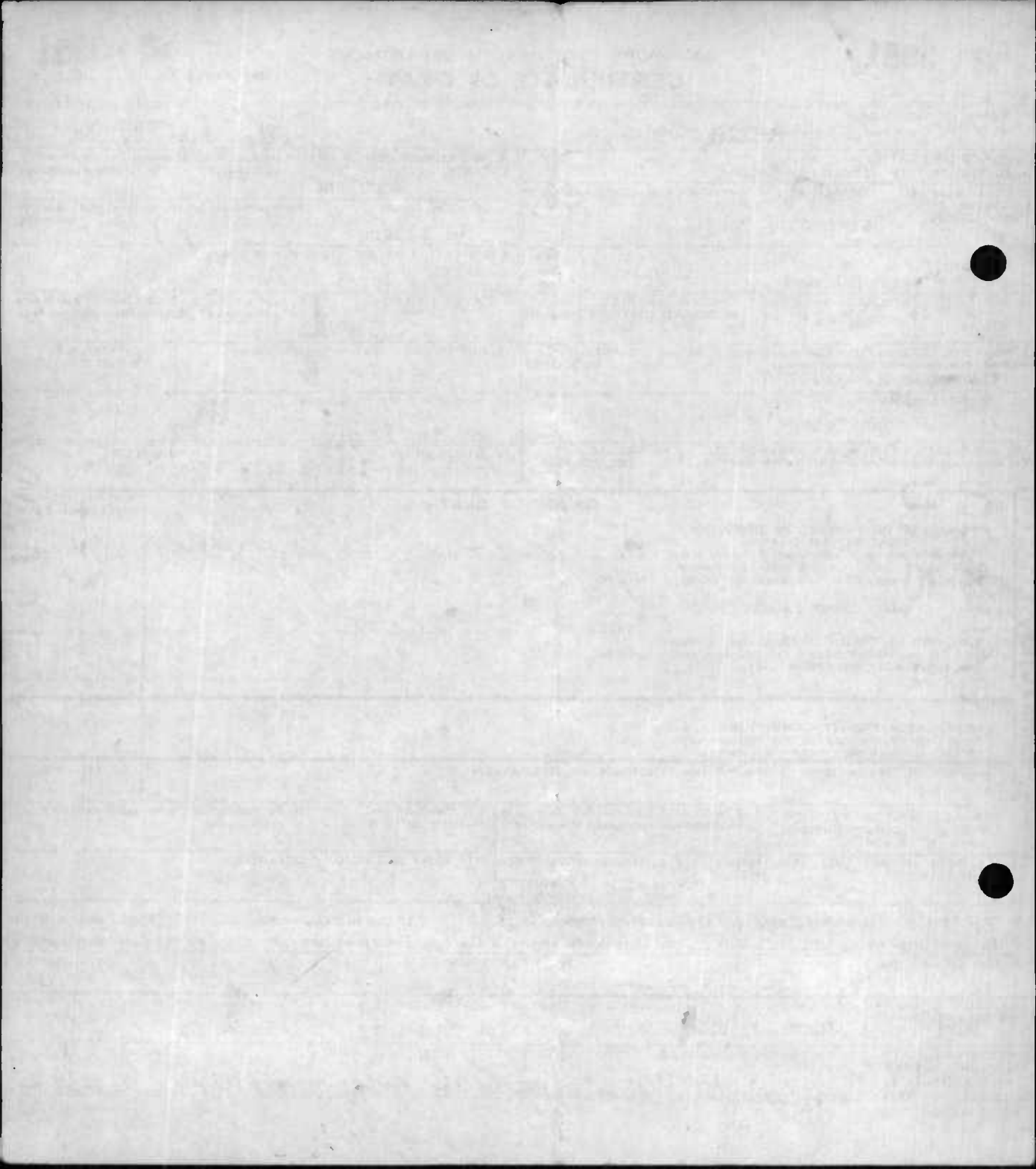
52 5980

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5980
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Rose Mund		2. DATE OF DEATH June 27, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 3311 Alto Road		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-37			
c. Length of stay in Baltimore 48 yrs		D. STREET ADDRESS (If rural, give location) 3311 Alto Road			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW		8. DATE OF BIRTH July 4, 1884	9. AGE (In years last birthday) 67
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Russia	
13. FATHER'S NAME		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Henry M Mund 3311 Alto Road	
18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cancer on a of breast DUE TO (A) Cancer on a of breast (B) (C)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 3 yrs	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 1949		19B. MAJOR FINDINGS OF OPERATION Cancer on a of breast		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21E. INJURY OCCURRED TIME (Month) (Day) (Year) (Hour) INJURY		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Apr , 19 51 , to Jun , 19 52 , that I last saw the deceased alive on 6-23 , 19 52 , and that death occurred at 3:30 m., from the causes and on the date stated above.					
23A. SIGNATURE John [Signature]		23B. ADDRESS 3003 Garrison Thel		23C. DATE SIGNED 6-27-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 29, 1952		24C. NAME OF CEMETERY OR CREMATORY Sharrei Zion Cong Cemetery	
24D. LOCATION (City, town, or county) Baltimore Md					
DATE RECEIVED BY LOCAL REGISTRAR JUN 29 1952		REGISTRAR'S SIGNATURE H. [Signature]		25. FUNERAL DIRECTOR Solo [Signature]	
				ADDRESS 1126W North ave	

MEDICAL CERTIFICATION

<div style="display: flex; justify-content: space-between;"> 120 52 5981 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 52 5981 </div>		Registered No. _____	
BIRTH NO. _____			
1. NAME OF DECEASED (Type or Print) PHILIP Toback		2. DATE OF DEATH June 28, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____ C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-18 D. STREET ADDRESS (If rural, give location) 3329 W Garrison Ave	
c. Length of stay in Baltimore 26 Yrs		5. SEX Male 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher Own Business		8. DATE OF BIRTH May 10, 1894 9. AGE (In years last birthday) 58 If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____	
10B. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Russia 12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME Joseph Toback		14. MOTHER'S MAIDEN NAME Lotta ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Mrs Esther Toback		ADDRESS 3329 W. Garrison Ave	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis (A) _____ DUE TO _____ ANTECEDENT CAUSES (B) _____ DUE TO _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____		INTERVAL BETWEEN ONSET AND DEATH 10min.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____			
19A. DATE OF OPERATION 6/30/52		19B. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____		21D. TIME (Month) (Day) (Year) (Hour) _____ INJURY _____	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from 1938 , 19____, to 6/28 , 19 52 that I last saw the deceased alive on 6/20 , 19 52 , and that death occurred at 1:30 Pm. , from the causes and on the date stated above.			
23A. SIGNATURE [Signature]		23B. ADDRESS 2201 Eutaw Place	
23C. DATE SIGNED 6/28/52		23D. M. D. _____	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 30, 1952	
24C. NAME OF CEMETERY OR CREMATORY Sharrei Zion Cong Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore Md	
DATE RECEIVED BY LOCAL HEALTH DEPT. JUN 29 1952		REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR [Signature]		ADDRESS 1126 W North ave	



150		CERTIFICATE CORRECTED 7/10/52 ES		52 5982	
52 5982		BALTIMORE CITY HEALTH DEPARTMENT		52 5982	
BIRTH NO.		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print)		Frances M. Spain		2. DATE OF DEATH June 26-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Marland		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2040 West Saratoga Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-01		D. STREET ADDRESS (If rural, give location) 2040 West Saratoga Street	
c. Length of stay in Baltimore 30 Yrs.		8. DATE OF BIRTH April-27-1909		9. AGE (in years last birthday) 43	
5. SEX Female		6. COLOR OR RACE Col.		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Virginia	
13. FATHER'S NAME Thomas Lockley		14. MOTHER'S MAIDEN NAME Lillian Lockley		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT Mary Brown 2040 W. Saratoga St	
18. 002 X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Military tuberculosis			
ANTECEDENT CAUSES		DUE TO both lungs			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B)			
		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Bronchopneumonia			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to June 26, 1952, that I last saw the deceased alive on June 29, 1952, and that death occurred at _____ m., from the causes and on the date stated above.					
23A. SIGNATURE H. Garland Smith, Jr.		23B. ADDRESS 1038 Edmonson		23C. DATE SIGNED 6-28-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/29/1952		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	
24D. LOCATION (City, town, or county) Brooklyn Md.		24E. FUNERAL DIRECTOR Huntington Williams, 1117 E. Wilson		24F. ADDRESS 1000 Beauty ave	
DATE RECEIVED BY LOCAL REGISTRAR JUN 29 1952		REGISTRAR'S SIGNATURE Huntington Williams		FUNERAL DIRECTOR'S SIGNATURE Huntington Williams	
VS 150		7204A			

Report Card received in Bu. TBC
from Dr. G. Adams, Druid Chest Cl.

History #021093

dated 6/5/52

52 5983

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5983
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROSALIE

SUSKIN

2. DATE
OF
DEATH

June 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3726 Dolfield Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3726 Dolfield Avenue

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Aug 17, 1907

9. AGE (In years

last birthday)

44

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR INDUSTRY

Dept. Store

11. BIRTH PLACE (State or foreign country)

Bald. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Samuel M. Suskin

14. MOTHER'S MAIDEN NAME

Ada

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or date of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Frederick Williams - 3732 Dolfield Ave

18. E931.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Heat Prostration

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

3726 Dolfield Avenue

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

6/28/52 6:20 A. M.

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

WORK ☐AT WORK ☒

21F. HOW DID INJURY OCCUR?

overcome by heat

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Hirschman

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

6/28/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/29/52

24C. NAME OF CEMETERY OR CREMATORY

Roselawn

24D. LOCATION (City, town, or county)

Bald.

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 29 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Frank A. Lewis, Inc. 2100 Eatan Pl

VS 151

N 981.3

3696C

1

MEDICAL CERTIFICATION

8888

88

8888

8888

8888



600

52 5984

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5984
Registered No.

BIRTH NO. 52 5984		1. NAME OF DECEASED (Type or Print) LOUIS H. SHERRY		2. DATE OF DEATH 6-28-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 1608 East Lombard St		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 3-01			
C. Length of stay in Baltimore 50		D. STREET ADDRESS (If rural, give location) 1608 East Lombard St			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH	9. AGE (in years last birthday) 53
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) New York	
13. FATHER'S NAME Noah		14. MOTHER'S MAIDEN NAME Sarah			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Anna Polsky - Same	
18. 350X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardiac Insufficiency Parkinsons Disease		(A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 3 mos 20 years	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 6		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 9 1952 to June 28, 1952 , that I last saw the deceased alive on 6/28/52 and that death occurred at 9:00 a.m., from the causes and on the date stated above.					
23A. SIGNATURE Shundus Cooper		23B. ADDRESS 2201 Entwistle Pl		23C. DATE SIGNED 6/28/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-30-52		24C. NAME OF CEMETERY OR CREMATORY United Hebrew	
24D. LOCATION (City, town, or county) Balto		24E. STATE Md		25. FUNERAL DIRECTOR ADDRESS Huntington Williams, 2100 Cent Ave	
DATE RECEIVED BY LOCAL REGISTRAR JUN 29 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS 2100 Cent Ave	
VS 150 109505580					

MEDICAL CERTIFICATION



40

52 5985

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5985

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY. M. HASKELL

2. DATE
OF
DEATH

JUNE 27-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNIVERSITY. HOSP.

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE B. COUNTY

21-01

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE-30 MD

D. STREET ADDRESS (If rural, give location)

1115 S PACA ST.

C. Length of stay in Baltimore

73 YRS

Yrs.
Mos.
Days

5. SEX

FEM

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

DEC-21-1878 73

9. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSE WIFE

10B. KIND OF BUSINESS OR
INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

WM T. LEWIS.

14. MOTHER'S MAIDEN NAME

ELIZABETH C. PURCENETTE.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes, no or unknown

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

ERNEST A. HASKELL 1115 S PACA ST.

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, assthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Atherosclerotic C.V.D

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2 years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from March 6, 1952, to June 27, 1952, that I last saw the
deceased alive on June 25, 1952, and that death occurred at 9 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

JUNE 30-52

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill

24D. LOCATION (City, town, or county)

A.A. Co.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

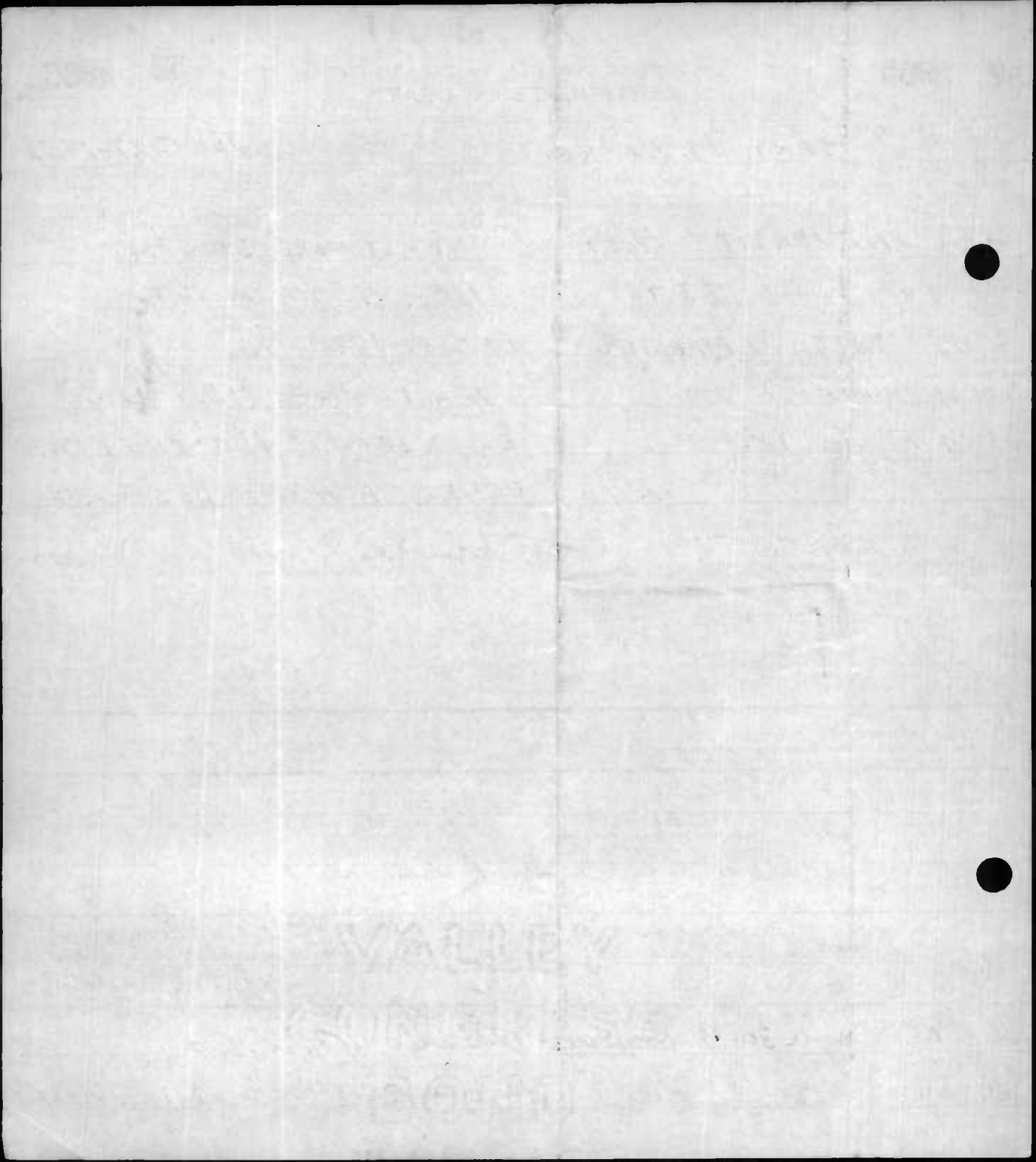
25. FUNERAL DIRECTOR

ADDRESS

JUN 29 1952

Huntington, Wm. D. Jr.

Bernard G. Hulse, 121 E West St



700

52 5986

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5986

BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILLIAM ADRIE DAILEY			2. DATE OF DEATH June 27, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) Fayette & Paca Sts.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr 15, 1903	9. AGE (In years last birthday) 49	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant		10B. KIND OF BUSINESS OR INDUSTRY Hotel	11. BIRTHPLACE (State or foreign country) Pa.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William F. Dailey			14. MOTHER'S MAIDEN NAME Augusta Adair		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS P.R. Watson - Terra Alta Md.		

18. 581.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fatty Liver		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO	
		(B) DUE TO	
		(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. <input type="checkbox"/> UTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley H. Deschler M.D.		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/>		23C. DATE SIGNED 6/28/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)		
Burial July 1, 1952 Terra Alta Md.			West Virginia		
DATE RECEIVED BY LOCAL REGISTRAR JUN 29 1952	REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR W. B. B. Co.		ADDRESS Box 1000, Terra Alta, Md.

V S 151

00088

17

MEDICAL CERTIFICATION

2000 S

1940 30

3200

1940 30

1940 30

20

1940 30

3200

1940 30

1940 30

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1940 30

1940 30

1940 30

1940 30

420

52 5987

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5987
Registered No.

1. NAME OF DECEASED (Type or Print) MARIE KATHERINE WALLACE		2. DATE OF DEATH June 26 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION HOOD NURSING HOME		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kensington - Balto Co - 29	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 814 Dorchester Road 5300	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Sept. 19-1900
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stenographer		10B. KIND OF BUSINESS OR INDUSTRY Printing-Heating	9. AGE (In year last birthday) 51
11. BIRTHPLACE (State or foreign country) Baltimore Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME William J. Kniese		14. MOTHER'S MAIDEN NAME Lena N. Lowman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 313-01-4005E	
17. INFORMANT Frederick C. Kniese		ADDRESS 814 Dorchester Rd.	
18. 592X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Nephritis Chronic		INTERVAL BETWEEN ONSET AND DEATH years	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertension		years	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 1, 1947 to June 26, 1952 , that I last saw the deceased alive on June 26, 1952 and that death occurred at 7:55 P.M. , from the causes and on the date stated above.			
23A. SIGNATURE Mendel		23B. ADDRESS 651 N Bentall	
23C. DATE SIGNED 6/28/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 30, 1952	
24C. NAME OF CEMETERY OR CREMATORY Moreland Memorial		24D. LOCATION (City, town, or county) (State) Taylor Ave - Balto Md	
DATE RECEIVED BY REGISTRAR JUN 29 1952		25. FUNERAL DIRECTOR John P. Trefel	
REGISTRAR'S SIGNATURE Huntington Williams		ADDRESS 5311 Edmondson Ave	

195203565904

1. The first part of the paper is devoted to a discussion of the general principles of the theory of the structure of the atom. It is shown that the structure of the atom is determined by the laws of quantum mechanics, and that the laws of quantum mechanics are in agreement with the experimental facts.

2. The second part of the paper is devoted to a discussion of the application of the theory of the structure of the atom to the study of the properties of the elements of the periodic table.

3. The third part of the paper is devoted to a discussion of the application of the theory of the structure of the atom to the study of the properties of the compounds of the elements of the periodic table.

4. The fourth part of the paper is devoted to a discussion of the application of the theory of the structure of the atom to the study of the properties of the compounds of the elements of the periodic table.

52 5988

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5988
Registered No.

BIRTH NO. 20-18492

1. NAME OF DECEASED
(Type or Print)

DAVID FLEETWOOD ROWE

2. DATE
OF
DEATH

JUNE 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

SEPT 3, 1949

9. AGE (in years
last birthday)

2

10. Under 1 Year
Months; Days11. Under 24 Hours
Hours; Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

JOSHUA T. ROWE, JR.

14. MOTHER'S MAIDEN NAME

DOROTHY BENNEY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

N.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

John T Rowe 915 Evesham Ave

18. 241X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

DUE TO

(A) Convulsions of undetermined
etiology

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C) Asthmatic bronchitis

9 months

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE 25, 1952, to JUNE 26, 1952, that I last saw the
deceased alive on JUNE 26, 1952, and that death occurred at 4:22 P.m., from the causes and on the date stated above.

23A. SIGNATURE

M.D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county) (State)

DATE RECEIVED BY REGISTRAR'S SIGNATURE

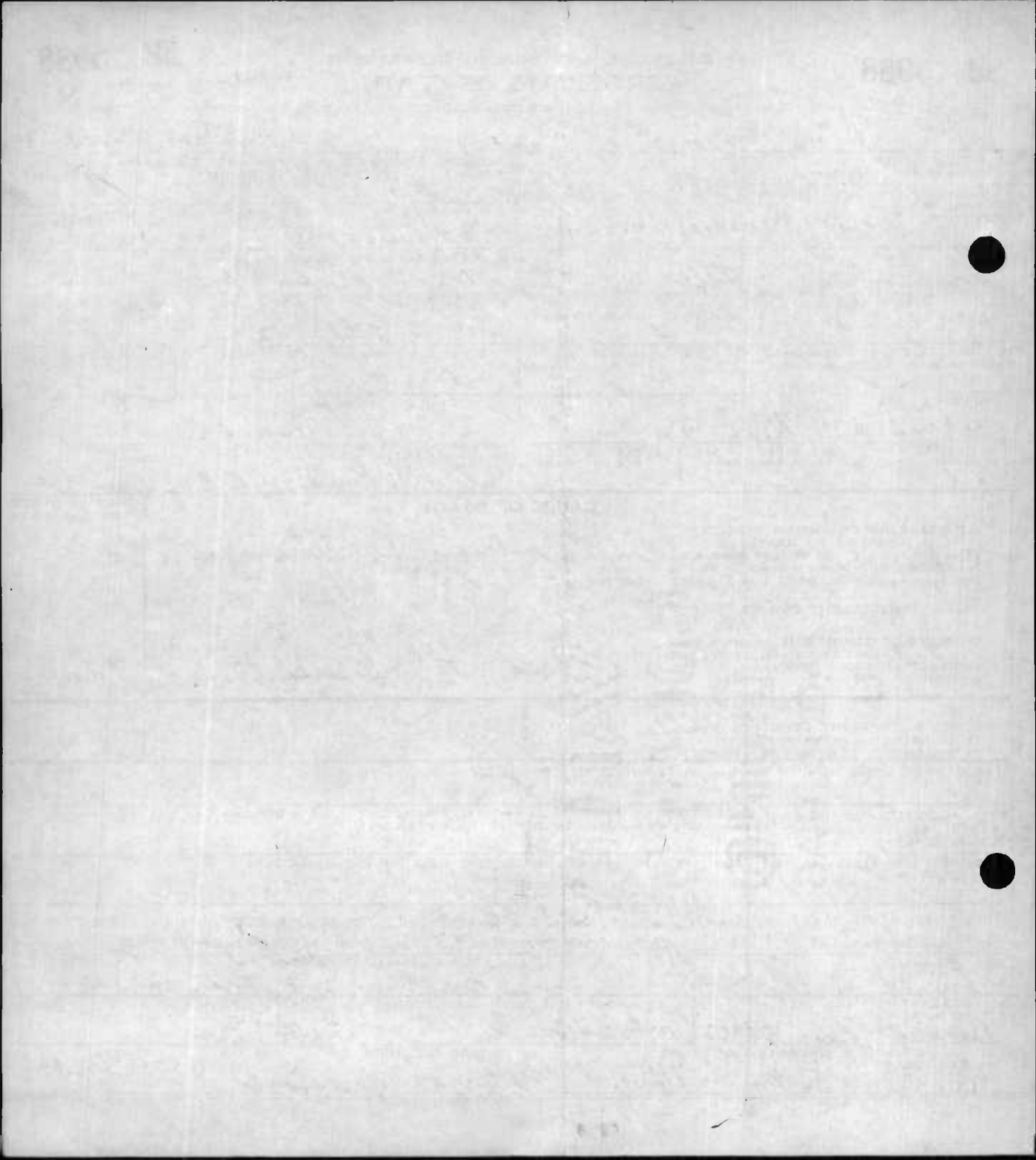
25. FUNERAL DIRECTOR

ADDRESS

JUN 29 1952

Huntington Williams, MD

Henry J. Gulewicz & Sons 4905 York Road



536

52 5989

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5989

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Cornelia Estelle Anderson</i>		2. DATE OF DEATH <i>June 26 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) A. STATE <i>md</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>203 E Lake ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-12</i>			
C. Length of stay in Baltimore <i>20</i> Yrs. <i>20</i> Mos. <i>20</i> Days		D. STREET ADDRESS (If rural, give location) <i>203 E Lake Ave</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>July 7 1873</i>	9. AGE (In years last birthday) <i>78</i>	10. Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (State or foreign country) <i>Pikesville Md</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13. FATHER'S NAME <i>Asbury Watts</i>		14. MOTHER'S MAIDEN NAME <i>Amanda Winterode</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Mrs Polrud H Lamb Same</i>	
18. <i>442X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO <i>(A) Chronic Hypertension - arterial dis. 5 yrs.</i> <i>(B) Chronic arthritis</i> <i>(C) Chronic cholecystitis</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>10 yrs.</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>June 18</i> , 19 <i>52</i> to <i>June 26</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>June 26</i> , 19 <i>52</i> , and that death occurred at <i>7:27</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Geo. W. Lippert</i>		23B. ADDRESS M. O. <i>426 S. Baltimore St. Baltimore Md</i>		23C. DATE SIGNED <i>6/27/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>June 30/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Druid Ridge</i>	
24D. LOCATION (City, town, or county) (State) <i>Pikesville Md.</i>		24E. NAME OF CEMETERY OR CREMATORY		24F. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 29 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>H. H. Jenkins & Sons Co 4905 York Rd</i>	

Dr. Geo. D. Lippin
445 pm at 206 Kemble Rd.

560
52 5990BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5990
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Bertha C. Fenner*2. DATE
OF
DEATH*June-26-1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *2803 Garrison Blvd.*

B. FULL NAME OF HOSPITAL OR INSTITUTION

Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Maryland* B. COUNTY *Baltimore City*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore City *20-01*

D. STREET ADDRESS (If rural, give location)

209 N. Monroe Street

c. Length of stay in Baltimore

*7 days*Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

13. FATHER'S NAME

Henry Fenner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

*No**None*

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

*Wm. H. Fenner (Bro.) 209 N. Monroe St.*18. *422.1*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN ONSET AND DEATH

10 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3/15*, 19*52* to *6/26*, 19*52*; that I last saw the deceased alive on *6/29*, 19*52*, and that death occurred at *3:30 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county), (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*JUN 29 1952**Huntington Williams, Joseph J. Jorden's Son, 1927 Park Ave.*

RECEIVED

NOV 22 1966

NOV 22 1966



242
52 5991BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5991

BIRTH NO.

1. NAME OF DECEASED (Type or Print) John Nickles		2. DATE OF DEATH 6-26-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2853 Lake Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 58 years		D. STREET ADDRESS (If rural, give location) 2853 Lake Avenue	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-30-1877
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor		11. BIRTHPLACE (State or foreign country) Austria	
13. FATHER'S NAME John Nickles		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 215-10-2237	
17. INFORMANT Mrs. Estelle Nickles		ADDRESS 2853 Lake Ave.	
18. 332X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Thrombosis DUE TO Anterior infarction DUE TO Anterior infarction DUE TO Anterior infarction		INTERVAL BETWEEN ONSET AND DEATH 1 wk 3 yrs.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION -		19B. MAJOR FINDINGS OF OPERATION -	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 3105 Belair Rd	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. TIME (Month) (Day) (Year) (Hour) INJURY 6-26-1952		21F. HOW DID INJURY OCCUR? 9:30 P.M.	
22. I hereby certify that I attended the deceased from 1947 to 6-26 , 19 52 that I last saw the deceased alive on 6-26 , 19 52 and that death occurred at 9:30 P.M. , from the causes and on the date stated above.		23A. SIGNATURE John Moore	
23B. ADDRESS 3105 Belair Rd		23C. DATE SIGNED 6-28-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-30-1952	
24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer		24D. LOCATION (City, town, or county) (State) Belair Road, Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 29 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR John J. Duda, Inc.		ADDRESS 2829 Hudson St.	

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WASHINGTON, D.C. 20540
OFFICE OF THE SECRETARY OF DEFENSE

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OFFICE OF THE SECRETARY OF DEFENSE

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52 5992

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5992

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Evelyn R Allen

2. DATE
OF
DEATH

June 27-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3612 Elm Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 13-06

C. Length of stay in Baltimore

75 yrs

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3612 Elm Ave

5. SEX

Female

6. COLOR OF RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

March 1-1870

9. AGE (In years last birthday)

82.

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Superintendent

10B. KIND OF BUSINESS OR INDUSTRY

U.S. Post office

13. FATHER'S NAME

Oliver M. Harfield

14. MOTHER'S MAIDEN NAME

Margaret Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

(Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Blanche Harfield 3612 Elm Ave

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Chronic Myocarditis

INTERVAL BETWEEN
ONSET AND DEATHin def
HS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)

Atherosclerosis & Chronic Hypertension

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from May 2, 1946 to June 27, 1952, that I last saw the deceased alive on June 27, 1952, and that death occurred at 8:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

L. E. Richardson

M. O.

23B. ADDRESS

117 W. 25th St

23C. DATE SIGNED

June 25-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 29 1952 Huntington Williams, Md.

Frank A. S. City 814 N. 36th St.

8007

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STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

IN SENATE

January 1, 1911

REPORT

OF THE

COMMISSIONERS

OF THE LAND OFFICE

FOR THE YEAR

1910

ALBANY:

THE UNIVERSITY OF THE STATE OF NEW YORK

1911

PRINTED BY THE UNIVERSITY OF THE STATE OF NEW YORK

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52-5993

52 5993 Res

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James Cole -

2. DATE
OF
DEATH

June 28, 52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Johns Hopkins Hosp

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

James Cole - 14th & 42

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Davidsonville -

D. STREET ADDRESS (If rural, give location)

6200

c. Length of stay in Baltimore

1 mo 22 day

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10 Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Edward Cole

14. MOTHER'S MAIDEN NAME

Lillian P Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

John E. Cole Davidsonville, Md.

18. 592X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Chronic Glomerulonephritis

3 mon

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 6, 1952, to June 28, 1952 that I last saw the deceased alive on June 28, 1952 and that death occurred at 9:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Marion Scott M.D.

10 Johns Hopkins Univ Hosp Co-28-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 29 1952

Huntington Williams, M.D. 1000 E. W. Wash. St

Annapolis, Maryland

VS 150

MEDICAL CERTIFICATION

[Faint, mostly illegible handwritten text follows, likely containing personal details and a signature.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5994
Registered No. _____

BIRTH NO. *107 Res*

1. NAME OF DECEASED (Type or Print) BABY GIRL JOHNSON			2. OATE OF DEATH June 14, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Anne Arundel		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Annapolis		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) Rt. 2 Box 595		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Specify) Single	8. DATE OF BIRTH		9. AGE (In years last birthday) Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDOUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. 776X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Prematurity DUE TO (B) DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
--	---	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>Stanley K. Dunlop</i> M.O.	23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....	23C. DATE SIGNED June 17, 1952
---	--	--

24A. BURIAL, CREMATION, REMOVAL (Specify) Cremated	24B. DATE 6/24/52	24C. NAME OF CEMETERY OR CREMATORY City Mausoleum	24D. LOCATION (City, town, or county) (State) 700 Fleet St
--	-----------------------------	---	--

OATE RECEIVED BY LOCAL REGISTRAR JUN 29 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS 509 S. Fisher, M.D.
--	---	--

cremated at Morgan 6-24-52 at 2 PM

MEDICAL CERTIFICATION

60
52 5995Ed ER
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5995
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Theresa Edet</i>			2. DATE OF DEATH <i>June 27, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1200 Valley St</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Little Sisters of the Poor</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 10-01</i>		
c. Length of stay in Baltimore <i>8 yrs</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>1200 Valley St</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>June 7, 1887</i>	9. AGE (In years last birthday) <i>65</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) <i>Germany</i>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>James Smitzel</i>			14. MOTHER'S MAIDEN NAME <i>Mary Snyder</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Little Sisters of the Poor</i>	

18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Chronic Myocarditis</i> DUE TO (B) <i>Arterio Sclerosis</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>1 yr</i> <i>5 yrs</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>May 17, 1952</i> to <i>June 27, 1952</i> , that I last saw the deceased alive on <i>June 26, 1952</i> , and that death occurred at <i>3:45 Am.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>E. Gull Hall MD</i>		23B. ADDRESS <i>1631 E. North Ave</i>		23C. DATE SIGNED <i>June 27-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>June 30/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>		25. FUNERAL DIRECTOR <i>Reg. Wiedefeld</i>		ADDRESS <i>900 E. Biddle St</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 29 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, MD</i>		25. FUNERAL DIRECTOR ADDRESS <i>Reg. Wiedefeld 900 E. Biddle St</i>	

CERTIFICATE OF DEATH

STATE OF NEW YORK

IN SENATE

1902

1902



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5996
Registered No. 52 5996

52 5996
BIRTH NO. *Not Rec.*

1. NAME OF DECEASED (Type or Print) BARBARA Smith		2. DATE OF DEATH 6-27-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Prince George's	
B. FULL NAME OF (If not in hospital or institution, give street address or location) CHILDRENS HOSPITAL SCHOOL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) GREENBELT	
C. Length of stay in Baltimore 3 ^{Weeks} Days		D. STREET ADDRESS (If rural, give location) 15 G. LAUREL HILL Rd.	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 4-22-50
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		10B. KIND OF BUSINESS OR INDUSTRY -	9. AGE (in years last birthday) 2
13. FATHER'S NAME Marion Ruthford Smith		11. BIRTHPLACE (State or foreign country) BETHESDA, Md.	
15. WAS DECEASED EVER IN U. S. ARMY FORCES? (Yes, no or unknown) NO		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Mayhew, Mary Ellen	
17. INFORMANT MOTHER		ADDRESS GREENBELT, Md.	

18. 758.3 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Irreversible Shock	CAUSE OF DEATH (A) Irreversible Shock	INTERVAL BETWEEN ONSET AND DEATH 2 hours
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Osteogenesis imperfecta	(B) Osteogenesis imperfecta	26 mo. (life)
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 6-27-52	19B. MAJOR FINDINGS OF OPERATION Deformed LEFT LEG	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 6-24- , 19 52 , to 6-27- , 19 52 , that I last saw the deceased alive on 6-27- , 19 52 , and that death occurred at 4:35 P.m. , from the causes and on the date stated above.		
23A. SIGNATURE Mrs. Priscilla Norton	23B. ADDRESS M. D. Childrens Hospital School	23C. DATE SIGNED 6-27-52
4A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 6/30	24C. NAME OF CEMETERY OR CREMATORY Ft. Lincoln
24D. LOCATION (City, town, or county) (State) Bladensburg, Md.		
DATE RECEIVED BY JUN 29 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR W.P. Frank, Jr.
		ADDRESS 1301 14th St. N.W. Wash. D.C.

BARBARA SMITH

London, Mary 1888

520

52 5997

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5997

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Bunce, Ida</i>		2. DATE OF DEATH <i>6-28-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore, Md.,</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Elkton, Maryland</i> B. COUNTY <i>Berk</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Jenkins Memorial Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write full name and give township)	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>5734</i>	
5. SEX <i>F.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>7-12-1877</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years, last birthday) <i>74</i> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.,</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Augustus Sturgeon</i>		14. MOTHER'S MAIDEN NAME <i>Mary Steiner</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>MRS. ANNA CONWAY-ELKTON, MD.</i>		ADDRESS	

18. *422.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Arteriosclerotic C.V. disease*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Hypertrophic Arthritis*

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *June 28, 1952* to *June 28, 1952* that I last saw the deceased alive on *June 28, 1952* and that death occurred at *9 A.m.*, from the causes and on the date stated above.23A. SIGNATURE *George Sten*

M.D.

23B. ADDRESS *St Agnes Hospital*23C. DATE SIGNED *6-28-52*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE *7-1-52*24C. NAME OF CEMETERY OR CREMATORY *ELKTON CATHOLIC CEM.*24D. LOCATION (City, town, or county) *ELKTON MD.*

(State)

DATE RECEIVED BY LOCAL REGISTRAR *JUN 29 1952*REGISTRAR'S SIGNATURE *Huntington Williams, M.D.*25. FUNERAL DIRECTOR *J. S. Tucker & Sons*ADDRESS *Balto 17 Md.*

10-6-55

CERTIFICATE OF DEATH

1. Name of deceased		2. Date of death	
3. Place of death		4. Cause of death	
5. Age at death		6. Sex	
7. Marital status		8. Occupation	
9. Signature of registrar		10. Signature of informant	
11. Date of registration		12. Registrar's name	
13. Registrar's address		14. Registrar's telephone	
15. Registrar's signature		16. Registrar's stamp	
17. Registrar's seal		18. Registrar's initials	
19. Registrar's full name		20. Registrar's full address	
21. Registrar's full telephone		22. Registrar's full signature	
23. Registrar's full stamp		24. Registrar's full seal	
25. Registrar's full initials		26. Registrar's full name	
27. Registrar's full address		28. Registrar's full telephone	
29. Registrar's full signature		30. Registrar's full stamp	
31. Registrar's full seal		32. Registrar's full initials	
33. Registrar's full name		34. Registrar's full address	
35. Registrar's full telephone		36. Registrar's full signature	
37. Registrar's full stamp		38. Registrar's full seal	
39. Registrar's full initials		40. Registrar's full name	
41. Registrar's full address		42. Registrar's full telephone	
43. Registrar's full signature		44. Registrar's full stamp	
45. Registrar's full seal		46. Registrar's full initials	
47. Registrar's full name		48. Registrar's full address	
49. Registrar's full telephone		50. Registrar's full signature	
51. Registrar's full stamp		52. Registrar's full seal	
53. Registrar's full initials		54. Registrar's full name	
55. Registrar's full address		56. Registrar's full telephone	
57. Registrar's full signature		58. Registrar's full stamp	
59. Registrar's full seal		60. Registrar's full initials	
61. Registrar's full name		62. Registrar's full address	
63. Registrar's full telephone		64. Registrar's full signature	
65. Registrar's full stamp		66. Registrar's full seal	
67. Registrar's full initials		68. Registrar's full name	
69. Registrar's full address		70. Registrar's full telephone	
71. Registrar's full signature		72. Registrar's full stamp	
73. Registrar's full seal		74. Registrar's full initials	
75. Registrar's full name		76. Registrar's full address	
77. Registrar's full telephone		78. Registrar's full signature	
79. Registrar's full stamp		80. Registrar's full seal	
81. Registrar's full initials		82. Registrar's full name	
83. Registrar's full address		84. Registrar's full telephone	
85. Registrar's full signature		86. Registrar's full stamp	
87. Registrar's full seal		88. Registrar's full initials	
89. Registrar's full name		90. Registrar's full address	
91. Registrar's full telephone		92. Registrar's full signature	
93. Registrar's full stamp		94. Registrar's full seal	
95. Registrar's full initials		96. Registrar's full name	
97. Registrar's full address		98. Registrar's full telephone	
99. Registrar's full signature		100. Registrar's full stamp	
101. Registrar's full seal		102. Registrar's full initials	
103. Registrar's full name		104. Registrar's full address	
105. Registrar's full telephone		106. Registrar's full signature	
107. Registrar's full stamp		108. Registrar's full seal	
109. Registrar's full initials		110. Registrar's full name	
111. Registrar's full address		112. Registrar's full telephone	
113. Registrar's full signature		114. Registrar's full stamp	
115. Registrar's full seal		116. Registrar's full initials	
117. Registrar's full name		118. Registrar's full address	
119. Registrar's full telephone		120. Registrar's full signature	
121. Registrar's full stamp		122. Registrar's full seal	
123. Registrar's full initials		124. Registrar's full name	
125. Registrar's full address		126. Registrar's full telephone	
127. Registrar's full signature		128. Registrar's full stamp	
129. Registrar's full seal		130. Registrar's full initials	
131. Registrar's full name		132. Registrar's full address	
133. Registrar's full telephone		134. Registrar's full signature	
135. Registrar's full stamp		136. Registrar's full seal	
137. Registrar's full initials		138. Registrar's full name	
139. Registrar's full address		140. Registrar's full telephone	
141. Registrar's full signature		142. Registrar's full stamp	
143. Registrar's full seal		144. Registrar's full initials	
145. Registrar's full name		146. Registrar's full address	
147. Registrar's full telephone		148. Registrar's full signature	
149. Registrar's full stamp		150. Registrar's full seal	
151. Registrar's full initials		152. Registrar's full name	
153. Registrar's full address		154. Registrar's full telephone	
155. Registrar's full signature		156. Registrar's full stamp	
157. Registrar's full seal		158. Registrar's full initials	
159. Registrar's full name		160. Registrar's full address	
161. Registrar's full telephone		162. Registrar's full signature	
163. Registrar's full stamp		164. Registrar's full seal	
165. Registrar's full initials		166. Registrar's full name	
167. Registrar's full address		168. Registrar's full telephone	
169. Registrar's full signature		170. Registrar's full stamp	
171. Registrar's full seal		172. Registrar's full initials	
173. Registrar's full name		174. Registrar's full address	
175. Registrar's full telephone		176. Registrar's full signature	
177. Registrar's full stamp		178. Registrar's full seal	
179. Registrar's full initials		180. Registrar's full name	
181. Registrar's full address		182. Registrar's full telephone	
183. Registrar's full signature		184. Registrar's full stamp	
185. Registrar's full seal		186. Registrar's full initials	
187. Registrar's full name		188. Registrar's full address	
189. Registrar's full telephone		190. Registrar's full signature	
191. Registrar's full stamp		192. Registrar's full seal	
193. Registrar's full initials		194. Registrar's full name	
195. Registrar's full address		196. Registrar's full telephone	
197. Registrar's full signature		198. Registrar's full stamp	
199. Registrar's full seal		200. Registrar's full initials	

52 5998

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5998

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM H. PREIL

2. DATE
OF
DEATH

June 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

409 S. Hanover St.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

509 Academy Rd.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

male

white

widowed

8. DATE OF BIRTH

May 18, 1868

9. AGE (In years
last birthday)

84

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

retired Plasterer

10B. KIND OF BUSINESS OR
INDUSTRY

plastering

11. BIRTHPLACE (State or foreign country)

Massachusetts

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Franz C. Preil

14. MOTHER'S MAIDEN NAME

Anna Hentze

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Edward M. Shane--409 S. Hanover St.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Acute Cardiac Deilitation

DUE TO

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive Cardia Vascular disease

DUE TO

6 years

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 1st, 1952, to Jun 27th, 1952 that I last saw the
deceased alive on Jun 27, 1952, and that death occurred at 6⁰⁰ m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Cremation

6/30/52

Greenmount Cem.

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 29 1952

Huntington Williams, M.D.

J. J. Warner & Sons

Balto 17, Md.

52 5999

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 5999

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WALTER M. FOSTER

2. DATE
OF
DEATH

June 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1000 N. Patterson Park Ave.

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1000 N. Patterson Park Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

May 26, 1903

9. AGE (In years
last birthday)

49

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Guard

10B. KIND OF BUSINESS OR
INDUSTRY

Pumps

13. FATHER'S NAME

Krother Foster

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

244-07-7702

17. INFORMANT

ADDRESS Pk. Ave

Mrs. Ruth H. Foster - 1000 N. Patterson

18. 4/20.1 and E931.9

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) ...
DUE TOCoronary Heart
Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ...
DUE TO

Heat Exhaustion

(C) ...

INTERVAL BETWEEN
ONSET AND DEATH

1 day

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 27, 1952, to June 27, 1952, that I last saw the
deceased alive on June 27, 1952, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

6/30/52

Cedar Hill Cem.

A. A. Co., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 29 1952

Huntington Williams, M.D.

Thos. J. Lickner & Sons

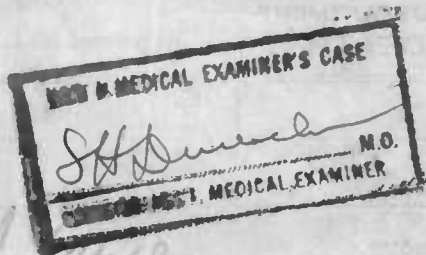
VS 150

N981.3

76334

Waco 17 Md

MEDICAL CERTIFICATION



Not sure
Head ? Contub

52 6000

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6000
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SARAH E. FRANKTON

2. DATE
OF
DEATH

June 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION 2135 Wilkens Ave.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)
Baltimore 20-05

D. STREET ADDRESS (If rural, give location)

2135 Wilkens Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

June 14, 1871

9. AGE (In years
last birthday)

81

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Steiner

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Margaret G. Frankton-2135 Wilkens Ave

18. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

arteriosclerotic Cardio Vasc. Dis.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Atrophic Arthritis

?

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1950, to June 27, 1952, that I last saw the
deceased alive on June 11, 1952, and that death occurred at 11:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

J. Earl Pass

M. D.

23B. ADDRESS

4001 Wilkens Ave

23C. DATE SIGNED

6-28-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/30/52

24C. NAME OF CEMETERY OR CREMATORY

Moreland Mem. Pk.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 29 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. M. J. Lickner & Sons

ADDRESS

VS 150

195205997 Balto., Md.

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

REPORT

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